

Registration District No. **18**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Alexian Brothers Hosp.**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 Days**
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **93**
 (d) Street No. **1916 Knox Ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ **0**

3. (a) PRINT FULL NAME

Alfred F. Halls, Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Melisa** 6. (c) Age of husband or wife if alive **67** years
 7. Birth date of deceased **Aug. 3 1876**
(Month) (Day) (Year)

8. AGE: Years **67** Months **9** Days **10** If less than one day
hr. min.

9. Birthplace **London England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Alfred F. Halls**

12. Name **Alfred F. Halls**
 13. Birthplace **Unknown** **7**
(City, town, or county) (State or foreign country)

14. Maiden name **Lillian**
 15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Melisa Halls**
 (b) Address **1916 Halls Ave.**

17. (a) **Burial** (b) Date thereof **May 17 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Walter Belderle**
 (b) Address **3634 Gravois Ave.**

19. (a) **MAY 16 1944** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**
 year **1944** hour **3** minute **30 P.** M.

21. I hereby certify that I attended the deceased _____
 that I last saw him alive on **May 13 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
 Duration _____

Due to _____ **94**
 Due to _____

Other conditions **Chronic Stomach Ulcer**
(Include pregnancy within 5 months of death)

Major findings: **Prostate**
 Of operations **2 Prostatectomies**
 Of autopsy _____
 PHYSICIAN _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place) (e) Means of injury **MI**
 23. Signature **W. B. Moore** (M. D. or other) **MD**
 Address **May 15 1944** Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.