

FILED AUG 8 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
1520a Linton Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Simon N. Hallanger

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Ellen Hallanger 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 2, 1854
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>90</u> | <u>5</u> | <u>23</u> | hr. _____ min. |

9. Birthplace Lodi Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Chair maker

11. Industry or business _____

12. Name Nels Hallanger
 13. Birthplace Unknown Norway
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Norway
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertena C. Holst

(b) Address 1520a Linton Ave

17. (a) Burial (b) Date thereof 7/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 26 1944 (b) J. S. Bredek
(Date received local registrar) (Registrar's signature)

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") 99
 (d) Street No. 1520a Linton Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th
 year 1944 hour 12:20 PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 14th to July 25th 1944
 that I last saw him in alive on July 25th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Hemiplegia non Traumatic
 Duration 14 days

Due to Arteriosclerosis
(Stroke)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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 _____
 23. Signature Alfred The Vorles (M. D. or other) _____
 Address 4244 N. Glorissant Date signed 7/26/44

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

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.