

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1945
Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3408
State File No. 0
Registrar's No. 2727

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Old Peoples' Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Ten months
In this community Ten Months
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (University City)
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME

Mrs. Addie M. Hallows

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased October 25th 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 1
If less than one day hr. min.

9. Birthplace St. Paul, Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER {
12. Name John Stewart
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Baumann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Craig
(b) Address

17. (a) Removal (b) Date thereof 12-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle Bellville Ill

18. (a) Signature of funeral director W. R. Vogt

(b) Address East St. Louis Ill.

19. (a) DEC 29 1944 (b) E. H. McManus
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1944 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec 17
1944, to Dec 25 1944
that I last saw her alive on Dec 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchitis
Duration 7 days

Due to 1360

Due to

Other conditions Senility
(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 T. R. Ryan (M. D. or other)
Address 607 N. Grand St. Date signed 12-26-44

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

6
3
5

96
5

707

JAN 26 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.