

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
From 2134 Allen Ave. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Edward William Halter**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **498-09-4714**

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

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

7. Birth date of deceased **About 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 67 hr. min.

9. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business _____

MOTHER FATHER

12. Name **Louis Halter** **9**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edward Le Plant**

(b) Address **Festus, Mo.**

17. (a) **Burial** (b) Date thereof **2-4-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Festus, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **FEB 4 1946** **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **23/1**
(If outside city or town limits, write "RURAL")
(d) Street No. **2134 Allen Ave.** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Febr** day **1-**
year **1946** hour _____ minute **5 A.M.**

21. I hereby certify that I attended the deceased from **Jan 7-** 19**46** to **Jan 28-** 19**46**
that I last saw him alive on **Jan 28-** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis Jan 1940

Due to _____
Chr. Coronitis
Other conditions **Hypertension**
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations _____ **92**
Of autopsy _____

Duration
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 **P. J. Clappet** (M. D. or other) **0**
Address **905 Morrison** Date signed **2/4/46**

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

6447

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.....

3398

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.