

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11187**  
**2931**  
Registrar's No. \_\_\_\_\_

**FILED** APR 5 1946  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Enroute to City Hospital 3**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **01**  
(c) City or town **St. Louis**  
(d) Street No. **621 S. Broadway**  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Louis C. Hallbauer**  
(b) If veteran, name war **Nil**  
(c) Social Security No. **Unknown**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **10**  
year **1946** hour **6** minute **08** M.

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 23 1878**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**67 8 17** hr. \_\_\_\_\_ min.

Immediate cause of death  
**Bilateral Lobar Pneumonia**  
Due to **Chronic Myocarditis**  
Due to **Coronary Arteriosclerosis**

9. Birthplace **Highland Illinois**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **108**

10. Usual occupation **Upholsterer**

11. Industry or business  
12. Name **Charles Hallbauer**  
13. Birthplace **Unknown Germany 4**  
14. Maiden name **Carrie Unger**  
15. Birthplace **Unknown Switzerland 5**

Major findings: Of operations **108**  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Fred Hallbauer**  
(b) Address **1238 N. Kingshighway**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **3-29-46**  
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature **Thomas F. Callahan** (M. D. or other) \_\_\_\_\_  
Address **Carrollton** Date signed **4/1/46**

19. (a) **MAR 28 1946** (b) **J. F. Bredeck**  
(Date received local registration) (Registrar's signature)

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

10093

NO EMBLAM

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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.**