

S. No. 2
M-5-43
r. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21800

State File No.

Registrar's No. **5791**

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Maplewood
(If outside city or town limits, write "RURAL") NK 5

(d) Street No. 3700 Commonwealth Ave.
(If rural, give location) 3

(e) Citizen of foreign country? (Yes or No) /

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM L. HALTNER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1946 hour 6:30PM minute _____ M.

21. I hereby certify that I attended the deceased from 22 June 1946
_____, 19____, to 29 June, 19____.

that I last saw him alive on 29 June, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Haltner

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

7. Birth date of deceased Sept 11, 1870
(Month) (Day) (Year)

Immediate cause of death _____

1. Uremia
2. Nephrotic heart disease

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 75 Months 9 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired-Foreman

11. Industry or business S. W. Bell Telephone Co.

12. Name Sam Haltner

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

14. Maiden name Catherine Cerny

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

16. (a) Informant Mrs. Helen Haltner

(b) Address 3700 Commonwealth, Maplewood

17. (a) Burial (b) Date thereof 7-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery
SULLIVAN, BROTHERS

18. (a) Signature of funeral director _____
(b) Address 2849 North Euclid Ave.

19. (a) JUL 1 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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 W. J. ... M.D. (M. D. or other)

Address 537 N Grand Date signed July 2 1946

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

Dr. Younas

Humboldt Bldg.
Newstead 0136

After 2:00 pm. Mon

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 L. Brinkman*
Licensed Embalmer No. *3553*

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.