

FILED AUG 27 1946
318

Registration District No. _____ Primary Registration District No. _____

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:
St. John Hospital 0
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 91

(c) City or town Vinita Park
(If outside city or town limits, write "RURAL") NR

(d) Street No. 2753 N. Hanley Road
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) /
If yes, name country _____

3. (a) PRINT FULL NAME Walter H. Haller.

3. (b) If veteran, name war No

3. (c) Social Security No. 494-01-1024

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1946 hour 2.00 minute P.M. M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Glennie E. Haller

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Aug. 19, 1900.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/15 1946 to 8/15 1946
that I last saw h. im alive on 8/15 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

45	11	26	hr. _____ min.
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Immediate cause of death Surgical shock

Due to Nephrectomy

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Buss Driver

MOTHER FATHER

11. Industry or business _____

12. Name Charles Haller

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

14. Maiden name Hulda Schellhorst

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

Major findings: Pyelo Nephritis
Of operations Chronic Pyelonephritis

Of autopsy Pyelonephritis - non calc

PHYSICIAN _____
Underline the cause to which death is charged statistically.

16. (a) Informant Mrs. Glennie E. Haller

(b) Address 2753 N. Hanley Road

17. (a) Burial (b) Date thereof Aug. 17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.,

19. (a) AUG 16 1946 (b) J. F. Buddeck
(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) (c) Means of injury _____

23. Signature Leo Bayliff (M.P. D. or other) _____
Address 205 Prince Blvd Date signed 8/16/46

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

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..... *John J. Kennehy*
Licensed Embalmer No..... *4194*
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.