

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

43  
-39  
36671

**FILED DEC 13, 1946**  
Registration District No. **1**

Primary Registration District No. **2002**

**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:  
**6975 Delmar Blvd**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **72 years**  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
**5120 Delmar Blvd.**  
 (d) Street No. (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country.

**3. (a) PRINT FULL NAME** **Miss. Mathilda C. Halle**  
 (b) If veteran, name war **none**  
 (c) Social Security No. **none**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **December** day **9th**, year **1946** hour **7:15 AM** minute  M.

**4. Sex** **female** / **5. Color or race** **white**  
**6. (a) Single, widowed, married, divorced** **single**  
**(b) Name of husband or wife** **(c) Age of husband or wife if alive** years **June 20th, 1874**  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **July**, 19 **46**, to **Dec 9th**, 19 **46**, that I last saw her alive on **Nov 30**, 19 **46**, and that death occurred on the date and hour stated above.

**8. AGE:** Years **72** Months **5** Days **19** If less than one day hr. min.

Immediate cause of death: **General Peritonitis**  
 Due to: **Ca of heart 50**

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

**10. Usual occupation** **Housework**  
**11. Industry or business**  
**12. Name** **Christian Halle**  
**13. Birthplace** **Germany**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Sophia Niehaus**  
**15. Birthplace** **Mo.**  
 (City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations:  
 Of autopsy:  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant:** **Mrs. Louis G. Bessler**  
**6975 Delmar Blvd.**  
**(b) Address:**  
**17. (a) Burial** **(b) Date thereof:** **12-10-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **St. Peters Cemetery**

**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) (Means of injury)

**18. (a) Signature of funeral director** **Hy. Leidner U. Co.**  
**(b) Address** **2223 St. Louis Ave.**  
**19. (a) 12-12-46** **(b) Ruth G. Keller**  
 (Date received local registrar) (Registrar's signature)

**23. Signature** **Ruth G. Keller** (M. D. or other)  
**Address** **2223 St. Louis Ave.** **Date signed** **12-9-46**

---

**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 P. Beechhol*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis*

**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.**