

No. 2
12-45
5-17-39
X47570

State File No. _____

FILED FEB 24 1947

Registration District No. 261

Primary Registration District No. 3020

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Festus
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 303 Russell
 (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 Missouri (b) County Jefferson
 (c) City or town Festus
 (If outside city or town limits, write "RURAL")
 (d) Street No. 303 Russell
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Walter L. Halberstadt, sr.
 (b) If veteran, _____ name war _____
 (c) Social Security No. 489-03-4788

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
 year 1947 hour 6 minute 37 P.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, 2 divorced widowed
 (b) Name of husband or wife Julia Halberstadt
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: May 7 1878
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 21 10, 1946 to Feb 4, 1947
 that I last saw h.c.m. alive on Feb 4, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic
 Duration link
 Due to: myocarditis acute / link
 Due to: Bronchitis Chronic / link
 Other conditions: _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 8 Days 27 If less than one day _____ min.
 9. Birthplace: Versailles Ind.
 (City, town, or county) (State or foreign country)
 10. Usual occupation: retired
 11. Industry or business: P. P. G. Co.
 12. Name: Wm. A. Halberstadt
 13. Birthplace: Henderson Ky.
 (City, town, or county) (State or foreign country)
 14. Maiden name: Walthamina Connelly
 15. Birthplace: Edinburgh Scotland
 (City, town, or county) (State or foreign country)
 16. (a) Informant: Mrs. Halberstadt
 (b) Address: Festus Mo
 17. (a) Burial (b) Date thereof: 2-7-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Festus M.E. Cem.
 18. (a) Signature of funeral director: Frank Wab. Co.
 (b) Address: Festus Mo
 19. (a) Feb 9, 1947 (b) Alfred Brewer
 (Date received local registrar) (Registrar's signature)

Major findings: _____
 Of operations: _____
 Of autopsy: 97D
 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: Henry Goshit (M. D. or other) M.D.
 Address: Festus Mo Date signed: 2/7/47

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

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1

63

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-18-47

FEB 24 1947

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

Eleana Province

Licensed Embalmer No.

3403

P. O. Address

Testus 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.