

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10924

FILED APR 8 1947

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3244

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution..... St. Luke's Hospital
(d) Length of stay: In hospital or institution..... 1-day
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 4119 Magnolia Ave.
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME..... Emma J. Halk
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 25th.,
year 1947 hour 6 minute a. M.

4. Sex..... F. / 5. Color or race..... W. /
6. (a) Single, widowed, married, divorced..... M. /
6. (b) Name of husband or wife..... John E. Halk Sr.
6. (c) Age of husband or wife if alive..... 88 years
7. Birth date of deceased..... Oct. 18th., 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Jan 12, 1945 to March 25, 1947,
that I last saw her alive on March 24, 1947,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 5 7 hr. min.

Immediate cause of death.....
Pneumo-pneumonia
Duration 3 days

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

Other conditions..... Hypertensive heart disease
(Include pregnancy within 3 months of death)
Duration 2 yrs.

10. Usual occupation..... At Home

Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....
12. Name..... William Unknown
13. Birthplace..... Virginia
14. Maiden name..... Ida Wiswick
15. Birthplace..... Virginia

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

16. (a) Informant..... Mr. John Halk
(b) Address..... 4119 Magnolia Ave.
17. (a) Burial (b) Date thereof..... 3-28-47
(c) Place: burial or cremation..... Calvary

22. If death was due to external causes, fill in the following:
(c) 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?.....

18. (a) Signature of funeral director.....
(b) Address..... 3840 Lindell Blvd.
19. (a) Date received local registrar..... MAR 27 1947 (b) Registrar's signature.....

While at work?.....
22. Signature..... Arthur B. Day (M. D. or) Date signed..... 3-25-47
Address..... 3720 Washington

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

MOTHER FATHER

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.