

FILED AUG 8 1948

State File No. \_\_\_\_\_

7035

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether \_\_\_\_\_)  
In this community 20 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 5820 Clemens (If rural, give location) 4  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alla May Halbach

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-16-8128

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Jos. C. Halbach 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 8 1902  
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Millinery

11. Industry or business Rubensteins

12. Name Ellis Wilks

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

14. Maiden name Maie Cooner

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

16. (a) Informant Jos. C. Halbach

(b) Address 5820 Clemens

17. (a) removal (b) Date thereof 7-30-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ardmore, Okla.

18. (a) Signature of funeral director Alexander Soudan

(b) Address 6175 Delmar

19. (a) Aug 20 1948 (b) J. F. Bredek (Registrar's signature)  
(Date received from registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 29 day \_\_\_\_\_ year 1947 hour 1: minute 20 A. M.

21. I hereby certify that I attended the deceased from July 21, 1947 to July 29, 1947  
that I last saw her alive on July 29, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Post-op Pneumonia

Due to Ovarian Malignancy

Other conditions HA  
(Include pregnancy within 5 months of death)

Major findings: Of operations Carcinoma of Left ovary  
Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 R. Johnson (M. D. or other) MB  
Address University Club Bldg Date signed 7/29

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

MOTHER FATHER

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH

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**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 Thomas R. Denwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

**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.**