S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6432

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1590

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

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's Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Steeleville 2 (If outside city or town limits, write "RURAL") 0
(d) Street No. N.R. (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jane Halbert
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Thomas Halbert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 13 (Day) 1889 (Year)

8. AGE: Years 58 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Crawford County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Joshua Halbert
13. Birthplace Crawford County (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Sarah Stewart
15. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)
16. (a) Informant William Halbert
(b) Address Steeleville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Steeleville, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 16 1948 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1948 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from Nov 15, 1947 to Feb 11, 1948 that I last saw her alive on Feb 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Intestinal Obstruction
Due to Sarcomatosis - Site not known
Due to
Other conditions (Include pregnancy within 3 months of death) 55
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Matthew W. Weis (M. D. or other) MD
Address 634 No. Grand ave Date signed Feb 14/45

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 18 1948

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 Albert E. Hoff

Licensed Embalmer No. 2971

P. O. Address .....

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.