No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

10235

State File No.

FILED MAR 23 1948 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2504

1. PLACE OF DEATH:

(a) County St.Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Brothers 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St.Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 2310 Miami St. (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 24

If yes, name country

3. (a) PRINT FULL NAME William Haller

3. (b) If veteran, name war

3. (c) Social Security No. 487-22-5733

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 12, (Day) 1889 (Year)

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

9. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Veterinarian

11. Industry or business National Pet Shop

FATHER
12. Name Blasius Haller
13. Birthplace (City, town, or county) Switzerland (State or foreign country) 5

MOTHER
14. Maiden name Clara Hollenbach
15. Birthplace (City, town, or county) U.S.A. (State or foreign country) 1

16. (a) Informant William F.Haller

(b) Address 2310 Miami St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/48 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director JohnH.GebkenSonsUnd.Co.

(b) Address 2630 Gravois Ave.

19. (a) MAR 13 1948 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1948 hour 11, 30 minute P M.

21. I hereby certify that I attended the deceased from April 1946, 19, to March 10, 1948 that I last saw him alive on March 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia Bronchial

Due to Bronchial Infections

Due to Chronic Asthma

Other conditions (Include pregnancy within 3 months of death) 107

Major findings:
Of operations

Of autopsy

Duration

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)

While at work? (e) Means of injury 1

23. Signature O.C. Kienzle (M. D. or other) M.D.

Address 2800 A Chippewa Date signed 3/12/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Gebhem

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.