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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP. 13 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27769

Registrar's No. 7777

WRITE PLAINLY—USE 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: 4444 Grace Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4444 Grace Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Hallau

3. (b) If veteran, name war ----

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan. (Month) 6 (Day) 1877 (Year)

8. AGE: Years 71 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation American Packing Co.

11. Industry or business

FATHER
12. Name Bernard Hallau
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name W. Wingate
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Flora Hallau
(b) Address 4444 Grace Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wacker-Weldele
(b) Address 3634 Gravois Ave.

19. (a) SEP 3 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1948 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from 7-14-47 to 9-1-1948 that I last saw h. alive on 9-1-1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Failure	14 mo.
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Hofmeister (M. D. or other)

Address 3958 S. Grand Ave. Date signed 9/9/48

(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 C Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis 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.