

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27770

Registrar's No. 7225

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:
2010 So. Jefferson Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
in this community.....
years, months or days)

3. (a) PRINT FULL NAME Dr. FRED HALTER3. (b) If veteran, name war None 3. (c) Social Security No. 7

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May C. 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feb. 18 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 29 hr. min.

9. Birthplace Highland Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Optometrist11. Industry or business For self

MOTHER FATHER { 12. Name Dr. Robert Halter
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Suppiger
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant May C. Halter(b) Address 2010 So. Jefferson Ave.17. (a) Entombment (b) Date thereof 8-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Mausoleum18. (a) Signature of funeral director Kriegshauser Und. Co.(b) Address 4228 So. Kingshighway Bl19. (a) AUG 17 1948(b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2010 So. Jefferson Ave. 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1948 hour 2:15 minute A. M.21. I hereby certify that I attended the deceased from May 11th 1946 to Aug. 17th 1948
that I last saw him alive on Aug. 17th 1948
and that death occurred on the date and hour stated above.Immediate cause of death Arteriosclerotic heart disease Duration 27+Due to Arteriosclerosis years
Due to Benign changesOther conditions 93
(Include pregnancy within 3 months of death)Major findings: Of operations none madeOf autopsy none made

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) (e) Means of injury.....
While at work?.....
23. Signature Joseph H. Davie (M.D. or other)
Address 406 Brisco Bldg Date signed 8/17/48

10
H. J. Greenberg

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 Edwin M. G. G. G.

Licensed Embalmer No. 3024

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.