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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38189

FILED DEC 14 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10519

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: 2729 Armand Place
(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 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1736 Waverly Place
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY P. HALLEY

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Edna

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased January 21, 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation Telegrapher

11. Industry or business Railroad

MOTHER FATHER

12. Name John Halley

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

14. Maiden name Edna Hill

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

16. (a) Informant Aleen Gund

(b) Address 2729 Armand Place

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-4-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) DEC 4 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st year 1948 hour 6:30 minute p M.

21. I hereby certify that I attended the deceased from April, 1948, to Dec 1, 1948; that I last saw him alive on Dec 1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Lung	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 Martin W. Davis (M. D. or other)

Address 539 N Grand Ave Date signed 12/3/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Martin W. Davis
Humboldt Bldg.

105119

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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.