

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42319**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10914**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1700 North Grand		e. STREET ADDRESS (If rural, give location) 1700 North Grand Blvd.	
c. LENGTH OF STAY (in this place) 18 months		2119	

3. NAME OF DECEASED (Type or Print) a. (First) LILLIAN b. (Middle) M. c. (Last) HALLE			4. DATE OF DEATH (Month) (Day) (Year) Dec 20, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Oleatha Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ira J. Baker	13b. MOTHER'S MAIDEN NAME Mercy Thornton	14. NAME OF HUSBAND OR WIFE Frederick C. Halle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nona Vinton, 1700 North Grand	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure		INTERVAL BETWEEN ONSET AND DEATH 2400.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation		
	DUE TO (c) Myocardial Damage		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H22
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22. I hereby certify that I attended the deceased from **1 Sept**, 1950, to **20 Dec**, 1950, that I last saw the deceased alive on **18 Dec 1950**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. Dworkin M.D.	(Degree or title)	23b. ADDRESS 1657 So Grand	23c. DATE SIGNED 21 Dec 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 23, 1950	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
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DATE REC'D BY LOCAL REG. DEC 21 1950	REGISTRAR'S SIGNATURE J. B. Lesater	25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, 1167 Hamilton Ave	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Me

working under my personal supervision.

Student Embalmer No.

Signed Edgar H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.