

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14167

318

1003

State File No. _____

Registrar's No. 3618

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>45 da.</u>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>4326 Delor</u>	

3. NAME OF DECEASED (Type or Print) <u>LEWIS A Halley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 15 51</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 27, 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELEGRAPHER-GEN'L MGR.-MO. PAC. RR</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MORLEY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>

13a. FATHER'S NAME <u>WESLEY HALLEY</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH DRUMMOND</u>	14. NAME OF HUSBAND OR WIFE <u>MAUDE HALLEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>LEWIS W. HALLEY</u>	ADDRESS <u>4326 DELOR ST</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infarction - multiple</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>due to (b) pulmonary abscess - multiple</u>		
	DUE TO (c) <u>Arteriosclerotic Heart Dis. severe Gen. Arteriosclerosis</u>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>H65X</u>
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22. I hereby certify that I attended the deceased from Mar. 1, 1951, to Apr. 15, 1951, that I last saw the deceased alive on Apr. 15, 1951, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roberta Huckstep</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1755 S. Grand</u>	23c. DATE SIGNED <u>4-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR. 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL GARDEN</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>
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DATE REC'D BY LOCAL REG. <u>APR 17 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Lanster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u>	ADDRESS <u>4478 S. KINGSHIGHWAY</u>
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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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.