

FILED MAY 28 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 18128  
4513

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2209			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2564 Montgomery St.				d. STREET ADDRESS (If rural, give location) 2564 Montgomery St.				0	
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) D.		c. (Last) Halley		4. DATE OF DEATH (Month) (Day) (Year) May 12 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 28 1888		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Fur Industry		11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Daniel Halley			13b. MOTHER'S MAIDEN NAME Margaret Fuch		14. NAME OF HUSBAND OR WIFE Hannah Halley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Hannah Halley		ADDRESS 2564 Montgomery St.			
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac failure</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) <i>Pulmonary Edema</i> <i>1 week</i>		
	DUE TO (c) <i>Carcinoma of Prostate</i> <i>1 yr</i>						DUE TO (c) <i>metastasis to spine &amp; lungs</i> <i>1 yr</i>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input 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? <i>177X</i>					
22. I hereby certify that I attended the deceased from <i>May 4, 1950</i> , to <i>May 12, 1951</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>2:00 P.M.</i> from the causes and on the date stated above.									
23a. SIGNATURE <i>J. B. Lester</i> (Degree or title) _____				23b. ADDRESS <i>4952 Maryland Ave</i>		23c. DATE SIGNED <i>5/10/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/16/51	24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.				
DATE REC'D BY LOCAL HEALTH DEPT. MAY 1 1951		REGISTRAR'S SIGNATURE <i>J. B. Lester</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Funeral Dir. 2849N. Euclid				

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Gustav Dietz*

Signed.....

Student Embalmer

Licensed Embalmer No. 4329

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.