

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1346

No. 300  
10-48

FILED MAR 5 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

BIRTH NO. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
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 St. Luke's Hospital		c. LENGTH OF STAY (in this place) 2-days	
		d. STREET ADDRESS (If rural, give location) 4119 Magnolia Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) E.	c. (Last) Halk Sr.	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1952
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH July 15, 1858	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 26	IF UNDER 24 HRS. Hours 17	Min. 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Condt.	10b. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Charles Halk	13b. MOTHER'S MAIDEN NAME Julia Wriswick	14. NAME OF HUSBAND OR WIFE Mrs. Emma Halk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mr. John E. Halk Jr., 4119 Magnolia Ave.	ADDRESS 4119 Magnolia Ave.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fr of skull; when he fell off sprout porch at home on Feb 9 1952</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	1952
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <i>at about 845 pm</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>ooo accident</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo. - 89020-25</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Feb 9 52 8p 40</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>89020-25</i>
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22. I hereby certify that I last saw the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *7:29 pm*, from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. Arthur J. Connelly</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>2/11/52</i>
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24a. BURIAL / CREMATION / REMOVAL (Specify) <i>Burial</i>	24b. DATE Feb. 13, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. FEB 13 1952	REGISTRAR'S SIGNATURE <i>Charles Smith</i>	FEDERAL DIRECTOR'S SIGNATURE <i>Arthur J. Connelly</i>	ADDRESS 3840 Lindell Blvd.
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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

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Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*W. S. Taylor*

Licensed Embalmer No. 4699

P. O. Address St. Charles

**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.