

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11184**
Registrar's No. **273**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 273	
1. PLACE OF DEATH a. COUNTY St Louis Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Webster Groves		c. LENGTH OF STAY (In this place) 7yrs		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		OR TOWN 46 P	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 21 E. Jackson				d. STREET ADDRESS (If rural, give location) 21 E. Jackson			
3. NAME OF DECEASED (Type of Print) RICHARD WITTE HALTEMAN			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Feb. 1st 1952 (Month) (Day) (Year)	
5. SEX M.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29 1901		9. AGE (In years last birthday) 50	If UNDER 1 YEAR Months	If UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY City		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Harry R. Halteman			13b. MOTHER'S MAIDEN NAME Alma Witte		14. NAME OF HUSBAND OR WIFE Grace P. Halteman		
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. 487-18-8742		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace P. Halteman - Webster Groves			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hodgkins Sarcoma ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 Mo	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE 0 (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 201X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 0		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 15 Sept, 1951 , to 1 Feb, 1952 , that I last saw the deceased alive on 1 Feb, 1952 , and that death occurred at 12:10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE W.A. Ceballos MD (Degree or title)				23b. ADDRESS 634 No. Grand Adams		23c. DATE SIGNED 2/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 2 1952		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 2-2-52		REGISTRAR'S SIGNATURE Nehribel D. Danhe M.D.		25. FUNERAL DIRECTOR'S SIGNATURE M.D. Parker - Aldrich F. Horn		ADDRESS Webster Groves Mo	

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

APR 15 1957

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Walter Groves

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.