

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29542

FILED SEP 3- 1952

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PRIMARY REG. DIST. NO. 1003

Registrar's No. 7959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY 2159			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis 0		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis 0		d. STREET ADDRESS (If rural, give location) 15 3426 ⁹ I Taska	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				3. NAME OF DECEASED a. (First) Peter b. (Middle) c. (Last) Halm			
4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1952		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married 1	
8. DATE OF BIRTH June 13, 1885		9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY Weise Custom Shoe Makers	
11. BIRTHPLACE (City and State or Foreign Country) Hungary 8		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Halm		13b. MOTHER'S MAIDEN NAME Magdalena Fraunhofer	
14. NAME OF HUSBAND OR WIFE Elizabeth Halm		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. 488-10-3303		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Halm 3426 ⁹ I Taska	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ASTHMA INTERVAL BETWEEN ONSET AND DEATH 5 yrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRONCHITIS (CHRONIC) 5 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Ht Dis 3 yrs.			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 241X			
22. I hereby certify that I attended the deceased from 7/15, 1951, to 8/24, 1952, that I last saw the deceased alive on 8/20, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold A. Franklin, MD		23b. ADDRESS 4602 Gravois		23c. DATE SIGNED 8/21/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1		24b. DATE Aug. 28, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park			
24d. LOCATION (City, town, or county) (State) ST. Louis, County, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith, MD		24f. ADDRESS 2929 S. Jefferson			
DATE REC'D BY LOCAL REG. AUG 22 1952		REGISTRAR'S SIGNATURE J. Carl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith, MD			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

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.

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