

FILED JUN 22 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2007-1

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5017

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) BY 8M 28D

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHRONIC HOSPITAL

STREET ADDRESS (If rural, give location) 5600 Arsenal St. 2130

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) H. c. (Last) HALLBERG

4. DATE OF DEATH (Month) (Day) (Year) 6 9 55

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH About 1879

9. AGE (In years last birthday) 76

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. Unknown

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY Self Employed

11. BIRTHPLACE (City and State or Foreign Country) Sweden 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gustave Hallberg

13b. MOTHER'S MAIDEN NAME Anna Eklund

14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. Unavailable

17. INFORMANT'S SIGNATURE OR NAME ADDRESS 2107 Laclede Station Rd. Lawrence Grant, Maplewood, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis

INTERVAL BETWEEN ONSET AND DEATH years

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)

years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral Stenosis

years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 332X

22. I hereby certify that I attended the deceased from Sept. 11, 1951, to 6/9, 1955, that I last saw the deceased alive on 6/9, 1955, and that death occurred at 8:35A. m., from the causes and on the date stated above.

23a. SIGNATURE George Esker M.D. (Deedee or title)

23b. ADDRESS 5600 Arsenal St.

23c. DATE SIGNED 6/9/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 6-10-55

24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. JUN 9 1955

REGISTRAR'S SIGNATURE J. Carl Smith M.D. mfb

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.

(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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 40

P. O. Address Maple

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.