

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38308**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10258**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. CITY OR TOWN Lemay		c. CITY OR TOWN Lemay d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital		e. STREET ADDRESS (If rural, give location) Rt. 9, Box 387	

3. NAME OF DECEASED (Type or Print)	a. (First) Phillip	b. (Middle) W	c. (Last) Haller	4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 15, 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Phillip J. Haller	13b. MOTHER'S MAIDEN NAME Caroline Koester	14. NAME OF HUSBAND OR WIFE Elsa Keller Haller
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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. None	17. INFORMANT'S SIGNATURE OR NAME Elsa Haller	ADDRESS Rt. 9, Box 387 Lemay, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral artery thrombosis, rt. middle cerebral artery, cerebral artery arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Fracture of left cervical vertebrae type 2, ago with partial paraplegia		INTERVAL BETWEEN ONSET AND DEATH 11/22/55
ANTECEDENT CAUSES cerebral artery	DUE TO (a) arteriosclerosis		<i>O'Jagh. M.D. Deputy County</i>
	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Country	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis County, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall while working
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22. I hereby certify that I attended the deceased from **Nov 19**, 1955 to **Nov. 22**, 1955, that I last saw the deceased alive on **Nov. 22**, 1955, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE R.A. Nussbaum (Degree or title) M.D.	23b. ADDRESS 3701 Grandel Square	23c. DATE SIGNED 11/22/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 25, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Road
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DATE REC'D BY LOCAL REG. NOV 23 1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.	ADDRESS 7814 So. Broadway St. Louis, Mo.
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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Louis C. Hoffmann

Licensed Embalmer No. 38

P. O. Address 7814 S. ...

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.