

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39445  
STATE FILE NUMBER  
9017  
Registrar's No.

Registration District No. 318 Primary Registration District 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Affton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital			Length of stay in lb 2 days		d. STREET ADDRESS (If outside, give location) 7665 General Meade Lane			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				First OSCAR		Middle T.		Last HALLENBERG		4. DATE OF DEATH Month Day Year Sept. 29 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 24, 1884		9. AGE (In years last birthday) 72 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President-owner			10b. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (City and state or country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Henry Hallenberg					14. MOTHER'S MAIDEN NAME Mary Hoelzel						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I			16. SOCIAL SECURITY NO. 494-07-7789		17. INFORMANT Mrs. Olivia Rohlfing Hallenberg Address: 7665 General Meade Lane, Affton						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Stodkins Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)									INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>201X</i>									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <i>Aug 15/54</i> to <i>Sept 29/56</i> and last saw her alive on <i>Sept 29/56</i> at <i>6:20 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Deceased or their)					22b. ADDRESS <i>472 1/2 Brooks</i>					22c. DATE SIGNED <i>10-1/56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-2-56		23c. NAME OF CEMETERY OR CREMATORY Bellevue Cemetery			23d. LOCATION (City, town, or county) St. Louis, Missouri			(State)	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.				ADDRESS		25. DATE RECD. BY LOCAL REG. OCT 2 1956		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, md</i> <i>S.P.</i>			

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

HOURS - next half hour 10-1-56  
11:30 AM

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 *Delia J. Kriss* \_\_\_\_\_

Licensed Embalmer No. 3

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.