

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

10355

STATE FILE NUMBER

1728

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>7710</b> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Marian Hosp.</b>			Length of stay in lb <b>6 da. 2209</b>		d. STREET ADDRESS <b>2538<sup>9</sup> W. Dodier</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Carl Otis Halleman</b>				First <b>Carl</b> Middle <b>Otis</b> Last <b>Halleman</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>18</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan 25 1915</b>		9. AGE (In years last birthday) <b>42</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Wood Keel Co</b>		11. BIRTHPLACE (City and state or country) <b>Angeleton Tex.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>John E. Halleman</b>				14. MOTHER'S MAIDEN NAME <b>Bearl V. Baldwin</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>		16. SOCIAL SECURITY NO. <b>488-03-9087</b>		17. INFORMANT Address <b>Hazel Halleman 2538<sup>9</sup> W. Dodier</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Stroke</b>		DUE TO (c)		3 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4201</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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 <b>4</b> Month <b>4</b> Day <b>18</b> Year <b>57</b> 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 <b>Jul 10-57</b> to <b>Jul 18-57</b> and last saw her/him alive on <b>Jul 18-57</b> Death occurred at <b>11:30 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>H. S. Payne M.D.</b>				22b. ADDRESS <b>2452 Chamber</b>		22c. DATE SIGNED <b>2-19-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-21-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mathews Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			
24. FUNERAL DIRECTOR <b>Witherspoon Co. 2929 S. Jefferson</b>			25. DATE RECD. BY LOCAL REG. <b>FEB 20 57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

**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 *Harold E. With*.....

Licensed Embalmer No. 436

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.