

FILED VS NOV 9 1960 318 Primary Registration District No. 1003 Registrar's No. 10434 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b		a. STATE Missouri b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3002 Louisiana Ave		Inside Limits Yes # No <input type="checkbox"/>		c. CITY OR TOWN St Louis	
				d. STREET ADDRESS (If outside, give location) 3002 Louisiana Ave	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Clara Halter			4. DATE OF DEATH Month Day Year October 26 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/25/85	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY U S
13a. FATHER'S NAME Oscar Horn		13b. MOTHER'S MAIDEN NAME Mary Snider		14. NAME OF HUSBAND OR WIFE William (Deceased)		
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. —		17. INFORMANT Address Olive Metcalf 3002 Louisiana Ave		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		acute coronary occlusion		10-25-60	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		10-26-60	
		DUE TO (c)		420.1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.	Month, Day, Year				
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.) 1957	20f. CITY, TOWN, OR LOCATION 10-26-60	COUNTY 10-26-60	STATE	
21. I attended the deceased from 12:30 to 12:30 on 10/26/60 and last saw her/him alive on 10/25/60 Death occurred at 12:30 on 10/26/60 m on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE Bray Hawk (Degree or title) Bray Hawk M.D.		22b. ADDRESS 16 Hampton Harris Park Villas		22c. DATE SIGNED 10/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/29/60	23c. NAME OF CEMETERY OR CREMATORY Memorial Lakeview Gardens		23d. LOCATION (City, town, or county) (State) Belleville Illinois	
24. FUNERAL DIRECTOR Moydell Funeral Home 1926 Allen		ADDRESS 25. DATE RECD. BY LOCAL REG. OCT 28 1960		REGISTRAR'S SIGNATURE Earl Smith. M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harley A. Keller Jr*

Licensed Embalmer No. 4950

P. O. Address St. Louis

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