MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31917

File No. 9283

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 4238 Laclede St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Charles H Walkenhorst

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bridget Walkenhorst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Produce Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

PARENTS

10. NAME OF FATHER Henry Walkenhorst

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Bridget Walkenhorst
(Address) 4238 Laclede Av

15. FILED OCT 19 1927, Max C Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-18-1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1927, to Oct. 18, 1927, that I last saw him alive on Oct 17, 1927, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arthritis non Tubercular

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys Ex only

(Signed) Dolan Jamerson, M.D.

Oct. 18, 1927 (Address) Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary

DATE OF BURIAL 10-20-1927

20. UNDERTAKER Arthur J Donnelly

ADDRESS 2039 Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] WITH OUTBADING INK—THIS IS A PERMANENT RECORD

Met Belg

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