

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

Do not use this space.

31821

1. PLACE OF DEATH

County St. Louis
Township Central
City (No. _____)

Registration District No. 789
Primary Registration District No. 6.033 (B)

File No. _____
Registered No. 299
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1540 Ferguson, St. Am 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 8 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>49</u>	<u>7</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work bleark
(b) General nature of industry, business, or establishment in which employed (or employer) New Lor Coal Co.
(c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Frank Walters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Gertrud Morgan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Catherine Walters
(Address) 1540 Ferguson on 6th

15. FILED 9/25 19 29 W. D. Green REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1929

17. I HEREBY CERTIFY, That I attended deceased from July 22 1927, to March 15 1928 that I last saw him alive on March 15 1928 and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocarditis
73

(duration) 9 yrs. 3 mos. — ds.
CONTRIBUTORY (SECONDARY) HTA
(duration) _____ yrs. _____ 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 Clinical & Lab
(Signed) Arthur E. Strand, M. D.
9/22 19 29 (Address) Univ. Club Bldg.

*State the DISEASE CAUSING DEATH, or in 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 Sept 26 1929

20. UNDERTAKER William Kelly ADDRESS 4576 Easton

K. 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. 96
253
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Dr Strauss

University College