WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 28 1930

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

Do not use this space.

13939

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City
Registration District No. 1123
Primary Registration District No. 6248
File No.
Registered No. 119
(No. 837 Wachtel Ave. St. Ward)

2. FULL NAME Athanasius Anton Walz
(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: 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~~ Mary Magdalene Walz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	11	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Beverage Parlor
(b) General nature of industry, business, or establishment in which employed (or employer): Himself
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wurtemburg
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Adolph Walz
(Address) 837 Wachtel Ave

15. FILED April 19 30 L. C. Obrock M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1930, to Apr. 18th, 1930, that I last saw him alive on Apr. 17th, 1930 and that death occurred, on the date stated above, at 1:35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Total (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? —

(Signed) J. W. Pruett, M. D.
Apr. 18th, 1930 (Address) 6006 Virginia Ave

*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: St. Peter & Pauls Cem
DATE OF BURIAL: 4/21 1930

20. UNDERTAKER: C. Hoffmeister N & L Co.
ADDRESS: 1814 S Broadway