

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

Do not use this space.

33028

**1. PLACE OF DEATH**

County..... Registration District No. *70*  
Township..... Primary Registration District No. *10*  
City..... (No. *Lutheran Hosp*)  
St. .... Ward)

File No. ....  
Registered No. *9908*  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *14566 E. Wright* St., *10* Ward.

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>11-6-1930</i>		
7. AGE	YEARS	MONTHS
	<i>-</i>	<i>10</i>
		<i>16</i>
	If LESS than 1 day, ..... hrs. or ..... min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

13. NAME *Louis Walters*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

15. MAIDEN NAME *Amanda Grim*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

17. INFORMANT (ADDRESS) *Louis Walters 4566 E. Wright*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Removal to home 9-24-1931*

19. UNDERTAKER (ADDRESS) *A. W. Laughlin 1636 Missouri St. St. Louis*

20. FILED *SEP 23 1931* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-22-1931*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 6*, 19*31*, to *Sept 22*, 19*31*.

I last saw him alive on *Sept 19*, 19*31*. Death is said to have occurred on the date stated above, at *4:15 A.M.*

The principal cause of death and related causes of importance were as follows:

*Typhoid Enteritis*  
*11913*  
*9908/19*

Date of Cause *9/14/31*

Other contributory causes of importance:  
*Meningo-encephalitis (non pleurogenic)* *9/11/31*

Name of operation *none* Date of .....

What test confirmed diagnosis *laboratory* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify .....

(Signed) *Thos. P. Leonard*, M. D.

(Address) *2700 Cherokee*

