

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

Do not use this space.

MAY 25 1934

15180

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1000B
City St. Louis (No. 3450 Sidney St.)..... Ward.....

File No.....
Registered No. 4399
St..... Ward.....

2. FULL NAME Adolphus Walter

(a) Residence, No. 3450 Sidney St. St. 17 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 Flourace B. Walter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 2 14

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

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Flourace B. Walter
(ADDRESS) 3450 Sidney St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Cem. DATE May 2, 1934

19. UNDERTAKER Wiegand's Mortuary
(ADDRESS) 4227 de Regency

20. FILED APR 30 1934 J. F. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933, to Apr 28, 1934

I last saw him alive on Apr 28, 1934. Death is said to have occurred on the date stated above, at 5:15 A. m.

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

Diabetes Mellitus
59
Chr. Suppurative Otitis Media
Arteriosclerotic Involvement

Other contributory causes of importance:
Chr. Suppurative Otitis Media
Arteriosclerotic Involvement

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?
If so, specify.....
(Signed) P. W. Fulmer, M. D.
(Address) 4147 S. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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