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.

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

JUL 12 1935

Do not use this space.

21237

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... # Primary Registration District No. 1008

City St. Louis (No. 4471 Olive St. St. ..... Ward)

File No. ..... Registered No. 5172

2. FULL NAME Joseph Frank Walter

(a) Residence, No. #4471 Olive St. St., 19 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 Mayme Walter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch - 26 - 1868

7. AGE YEARS 67 MONTHS 2 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Store

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) Alton, Ill.

FATHER

13. NAME Micheal Walter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

MOTHER

15. MAIDEN NAME D'Tilla Yager

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

17. INFORMANT (ADDRESS) Mayme Walter #4471 Olive St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 6-15 1935

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons #4449 Olive St.

20. FILED JUN 13 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to JUNE 13, 1935

I last saw him alive on JUNE 13, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

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

	Date of onset
CEREBRAL HEMORRHAGE. (RT CEREBRUM)	6/12/35
Other contributory causes of importance: ARTERIOSCLEROSIS (GENERAL)	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Ex 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? .....

If so, specify .....

(Signed) Francis J. Mehler M.D.

(Address) 4114 W. Florissant Av

For
1808

OCT 26 1949