

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

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1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 1322 St. Ange St. _____ Ward)

File No.....
Registered No. 8871

2. FULL NAME John Walters

(a) Residence, No. 1322 St. Ange St. 22 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Anna Walters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8, 1875</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>5</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Interior Decorator</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Chicago</u> (STATE OR COUNTRY) <u>Illinois</u>		
13. NAME <u>John Walters</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Anna Walters</u> (ADDRESS) <u>1322 St Ange</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hay St. Marcus</u> DATE <u>Oct. 23</u> , 19 <u>35</u>		
19. UNDERTAKER <u>A. M. M. Laughlin</u> (ADDRESS) <u>2301 Lafayette Ave</u>		
20. FILED 19 <u>35</u> <u>J. B. Redeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:00 AM

The principal cause of death and related causes of importance were as follows:
Sub. Myocarditis
Arterio Sclerosis

Date of onset

Other contributory causes of importance: 930

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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) Berdy P. Kelly, M. D.
(Address) Super

10/22/35

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.

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