

JUL 27 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township _____ Primary Registration District No. 60385
City CLAYTON (No. HOME. 6418 ALMO. AVE. St. _____ Ward _____)
Registered No. 231

2. FULL NAME

Dr. David J. WALTER - Alamo
(a) Residence, No. 6418 ALMO. AVE St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 40 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 ETTA WALTER		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS about 62	MONTHS -	DAYS -
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PHYSICIAN		
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) 1932		
11. Total time (years, spent in this occupation) 30 1/2		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia		
13. NAME JACOB WALTER		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia		
15. MAIDEN NAME UNKNOWN		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia		
17. INFORMANT (ADDRESS) SAM. MELMAN 6334 South Roseburg		
18. BURIAL, CREMATION, OR REMOVAL PLACE CHESEA SHELLENHUTTE JUNE 22, 1936		
19. UNDERTAKER (ADDRESS) Oxenhall Funeral Dir. 4419 Washington Blvd.		
20. FILED <u>6/22/36</u> 19 <u>Do J. J. J. J.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936 to June 21, 1936

I last saw him alive on June 20, 1936. Death is said to have occurred on the date stated above, at 2 a m.

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

Date of onset 10 years ago

Other contributory causes of importance:
Uremia, dropsy, muscular atrophy - glossopharyngeal paralysis

Name of operation _____ Date of operation _____

What test confirmed diagnosis? Paralytic 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) David J. Walter, M.D.
(Address) 6418 Almo Ave. St. Louis, Mo.

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.

operation for 8-11-36
Dr Rich said ¹ Enlargement of
Prostate gland several years ago
& repeated in June this year
Paralysis result of very bad case of
malarial fever several years ago
almost as bad as yellow fever.
Uremia caused by a dropsical
condition.

No. Clayton, Mo. 1934

This is to certify that

....., Clayton, Mo., is the owner

of a '..... automobile, model.....

Eng. No. Duly registered for the year ending
December 31st, 1934.

City of Clayton, Missouri

S-2417A

.....
City Collector

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

File No. _____

Township _____

Primary Registration District No. 6033-a

Registered No. 231

City Clayton (No. _____)

St. _____ Ward _____

2. FULL NAME

Dr. David J. Walker Alanis

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. apt 62

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 8/13 1936 Dr. J. Liguorelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1936

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance:

Wernia
Paralysis

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 9321

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Harry Rich, M. D.

(Address) Maple ave

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.

SUPPLEMENTAL

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