JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital No.1 St. ..... Ward)

File No. 18564

Registered No. 5140

C 781

2. FULL NAME Martha Walters

(a) Residence, No. 1702 a North 14th St., 26 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: female

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: FREDA Mr. Walters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 13, 1880

7. AGE: 56 YEARS, MONTHS: 10, DAYS: 8. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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.

FATHER

13. NAME: WILLIAM W. F. KINDERMANN

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

MOTHER

15. MAIDEN NAME: FRANCISCA TIEMANN

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

17. INFORMANT (ADDRESS): Hosp. Info? M. H. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE ST. JOHN'S CEM. DATE MAY 24, 1937

19. UNDERTAKER (ADDRESS): Goodhart & Goodhart 2228 St Louis ave

20. FILED MAY 23 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/2137, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/16/37, 19 ..., to 5/21/37, 19 ...

I last saw her on 5/21/37, 19 ... Death is said to have occurred on the date stated above, at 1.55a m.

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

Erysipelas Right Leg
Decubitus Ulcers - Bottom
Senility

Date of onset

Other contributory causes of importance:

15

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) Wm Johnson, City Hospital No.1, M. D.

(Address) .....

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.