

RECEIVED 9 1938

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

16403  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City St Louis mo (d) Street No. Firmin Desloge Hospital St. **4264**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles E. Walter

(a) Residence, No. ..... St. **NR** Chesterfield mo  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Edna Walter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-12-1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
29 | 0 | 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic  
9. Industry or business in which work was done, as saw mill, bank, etc. Gen Motors Co  
10. Date deceased last worked at this occupation (month and year) Feb 1938 11. Total time (years) spent in this occupation 5

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

FATHER 13. NAME George Walter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County

MOTHER 15. MAIDEN NAME Mary Waters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County

17. INFORMANT (ADDRESS) Edna Walter Chesterfield mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Monarch mo DATE 5-9-38

19. FUNERAL DIRECTOR (ADDRESS) Schaden Bros Funeral Home Ballwin mo

20. FILED MAY - 9 1938 J. B. Breder Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938

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 5:35 A.M.

The principal cause of death and related causes of importance were as follows:  
Depressed Fracture of Skull; Extradural Hemorrhage of Brain, Date of onset  
suffered when a motorcycle on which he was riding for some unknown reason left the road and collided with a tree a quarter of a mile North of Glencoe on gravel road May 1, 1938 about 2:00 P.M. Accident

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 5/1 38

Where did injury occur? St. Louis County  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
public place

Manner of injury see above  
Nature of injury .. .. .

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signed) Alfred Perry

(Address) Deputy Coroner

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.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Howard G. Rowland

Licensed Embalmer No. 3114

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**