

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

MAR 13 1939

3

791

5141

1. PLACE OF DEATH

County..... 1 Registration District No..... 1003 File No..... 1834
 Township..... Primary Registration District No..... Registered No.....
 City St. Louis (No. 220 North Kingshighway) St. Ward)

2. FULL NAME Louis Henry Walthe

(a) Residence. No. Park Plaza Hotel St., 12 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 8 mos. 23 ds. How long in U.S., if of foreign birth? yrs. mos. da.

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 Marie Walthe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>8</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Soap Mfr.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER William Walthe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann M. Habring

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Marie Walthe, wife
 (Address) 220 5th St. Kingshighway

15. FILED FEB 26 1939 J. F. Beckel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23 1939

17. I HEREBY CERTIFY That I attended deceased from April 1936, to Feb. 23, 1939, that I last saw him alive on Feb. 23, 1939, and that death occurred, on the date stated above, at 4-10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerotic Heart Disease
Cerebral Thrombosis?

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory

(Signed) Stannard D. Thompson, M. D.

, 19 (Address) 4932 Maryland Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Bethlehem Cemetery Feb. 27 1939

20. UNDERTAKER ADDRESS

Seidemann Funeral Home 1936
St. Louis 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.

The remains described on the reverse side of this
certificate was embalmed by me.

G. H. Hatz
Lic. No. 3737
1936 St. Louis Ave.,