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.

FILED APR 12 1939

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

8606
Do not use this space.
2371

1. PLACE OF DEATH
(a) County 2 Registration District No.
(b) Township 1 Primary Registration District No. Registered No.
(c) City St. Louis (d) Street No. 5942 Enright Ave. St.
(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 436 Henry W. Walther.
(a) Residence, No. 5942 Enright Ave. St. 5
(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): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alvina Walther.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 12, 1865
7. AGE: YEARS 73 | MONTHS 5 | DAYS 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: President
9. Industry or business in which work was done, as saw mill, bank, etc.: Pavyer Mach. Co.
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): Germany. 6

FATHER
13. NAME: William H. Walther. 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 6

MOTHER
15. MAIDEN NAME: Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Mr. Alex W. Walther. 7430 Wellington Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Lebanon Cem. DATE: March 14, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo. L. Pleitsch Inc. 5966-68 Easton Ave.
20. FILED: MAR 13 1939 J. F. Bedrick, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to March 11, 1939.
I last saw him alive on March 11th, 1939. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
82a	

Other contributory causes of importance: Oedema Lung non tubercular no pneumonia

Name of operation Date of
What test confirmed diagnosis? 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? no
If so, specify
(Signed) Rudolph H. Buhmann, M. D.
(Address) 539 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr Rudolph Buhman
Humbolt Bldg
9 to 11 A M
Jefferson 6748

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454 David C. Gibson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.