

1939 MAY 12 1938

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

14414
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township _____ Primary Registration District No. 3008 Registered No. 109
(c) City Fulton or _____ (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frederic M. Walz
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
64 | 8 | 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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) Macoupin (STATE OR COUNTRY) Illinois

FATHER 13. NAME John Walz 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Blarina Friesch 16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Otto Walz (ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cemetery DATE April 11, 1939

19. FUNERAL DIRECTOR (NAME) Leo H. Wallace (ADDRESS) Fulton, Missouri

20. FILED April 11, 1939 R.M. Cross Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 9 2 pm, 1939, to April 9 7:00 pm, 1939. I last saw him alive on April 9 7:00 pm, 1939. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

Primary Tuberculosis.

Date of onset

Other contributory causes of importance:

Chronic Nephritis.

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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? No.
If so, specify _____
(Signed) W. S. Caldwell M. D.
(Address) Fulton 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.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Leo G. Wallace*

Licensed Embalmer No. *3373*

P. O. Address..... *Spalters M.*

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.)

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