

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.

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

16623
Do not use this space.

JUN 12 1939

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **4157**
 or
 (c) City St. Louis (d) Street No. 2628³ Arsenal 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 436 Otto Walters

(a) Residence, No. 2628³ Arsenal St. 24 (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 Mamie Walter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-31-1891
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 47 8 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ice + coal dealer
 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) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Ernest Walters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mary Hoffmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mamie Walters 2628³ Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 5-5-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Ind Co. 6322 S Grand

20. FILED MAY 4 1939 J. P. Bradford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-39

22. I HEREBY CERTIFY, That I attended deceased from 2-10-35 to 5-3-39.

I last saw him alive on 5-2-39. Death is said to have occurred on the date stated above, at 4 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic pulmonary tuberculosis Date of onset 10 yrs ago approx.
Chronic myocarditis

Other contributory causes of importance: None
 Name of operation None Date of None
 What test confirmed diagnosis? Ray + Rahn 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?
 If so, specify No
 (Signed) R. P. Bradford M. D.
 (Address) 3606 Grand
St. Louis Mo

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..... *Virgil L. Berryman*

Licensed Embalmer No. *4018*

P. O. Address..... *St. Louis Mo.*

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.