

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.

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 3

(b) City or town St. Louis

(c) Name of hospital or institution: City Hospital # 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Died in Route
3 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ray Waltz 432

3. (b) If veteran, name war Unknown

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mayme

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Abt. 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Abt. 54 hr. min.

9. Birthplace Toledo Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Awning Salesman

11. Industry or business Awning Sales

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Walker

(b) Address Toledo, Ohio

17. (a) Burial (b) Date thereof 7-13-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Toledo, Ohio

18. (a) Signature of funeral director Benjamin Nicholas

(b) Address 1731 Union Blvd

19. (a) July 13 1939 (b) J. P. ...
(Date received and recorded) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio 2 (b) County Unknown

(c) City or town Toledo NR
(If outside city or town limits, write "RURAL")

(d) Street No. 2750 Monroe
(If rural, give location)

(e) If foreign born, how long in U. S. A. Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12
year 1939 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion

Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 4

23. Signature Joseph M. ... (M. D. or other) _____

Address Deputy ...

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

Randy M. White

Licensed Embalmer No. *2973*

P. O. Address.....

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.