DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37707

Registration District No. 7 DEC 12 1939

Primary Registration District No. 791 10022

Registrar's No. 9546

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5044 Vernon (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 1 Yr

8. (a) PRINT FULL NAME: Walter W. French

8. (b) If veteran, name war: No

8. (c) Social Security No: No

4. Sex: Male

5. Color or race: Wh

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

6. (b) Name of husband or wife: Myra French

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Mar (Month) 14 (Day) ~~1868~~ (Year)

8. AGE: Years 71 Months 4 Days 7 If less than one day: hr. min.

9. Birthplace: Posey Co. (City, town, or county) Ind (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Bro. Mdse.

FATHER 12. Name: Clark French

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

MOTHER 14. Maiden name: Elizabeth Wilson

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

16. (a) Informant's own signature: Mrs Myra French

(b) Address: 5044 Vernon Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Nov 9-1939 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation Walhalla

18. (a) Signature of funeral director: Chas E Stuart

(b) Address: 1225 Union Blvd

19. (a) NOV 8 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St Louis

(c) City or town: St Louis (If outside city or town limits, write "RURAL") 12

(d) Street No. 5044 Vernon Ave (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1939 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from Sept 14, 1938, to Nov 7th, 1939, that I last saw him alive on Oct 29th, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1867 Acute Cardiac Dilatation	
Due to Arteriosclerotic Heart Disease	1 yr
Due to Prolonged Fasting & Dehydration & varying Systolic in fall.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 9 b
Of autopsy:

PHYSICIAN — 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): Accident?

(b) Date of occurrence: Nov 7, 1939

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? —

(e) Means of injury: Fall

23. Signature: Geo Jesse McPherson (M. D. or other)

Address: 50 Phoenix Bldg Date signed 11/8-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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 J G Sullivan

Licensed Embalmer No. 1122

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.