

1004
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 11 days
(Specify whether _____)
In this community _____
years, months or days about 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. Forset Park Hotel
4910 W. Brook Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? about 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30,
year '40 hour 10.07 minute AM M.
21. I hereby certify that I attended the deceased from Jan 18, 1940
1940 to Jan 30, 1940
that I last saw him alive on Jan 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Localized Peritonitis
Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations Carcinoma of
pancreas of Colic
Of autopsy Localized Peritonitis
Lung metastases (left)

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME HARRY J WALTER
3. (b) If veteran, name war _____ 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 Emily Sacks 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 15, 1873
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Investment broker

11. Industry or business _____
MOTHER FATHER { 12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter J. Soldaten
(b) Address 5150 Westminister
17. (a) CREMATION (b) Date thereof 1/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALNALLA
18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell
19. (a) JAN 31 1940
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature Walter J. Mayer (M. D. or other) _____
Address 601 Humboldt Bldg Date signed 1/27/40

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.

RECORD RECEIVED FOR BUREAU
Rev. 5-17-39
50M-5-17-39
1 x 10811

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.