

FILED APR 15 1940

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

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

8. (a) PRINT FULL NAME Marie Eva Walters

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife late John Walters 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 6, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Layer

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

14. Maiden name Unknown

16. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Elise Hoffmann

(b) Address 4460 Itaska

17. (a) Burial (b) Date thereof 3-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Josephine J. ...
(b) Address 6322 S. Grand Blvd.

19. (a) MAR 4 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4460 Itaska
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1940 hour _____ minute 7 PM

21. I hereby certify that I attended the deceased from Feb 6 - 40
_____, 19____, to Mar 3 - 40, 1940.
that I last saw her alive on Mar 2 - 40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Lues Venerea

Due to Specific Infection

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration 2
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) _____
(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?

(Specify type of place) _____
(e) Means of injury _____

23. Signature W. O. ... (If D. or other) _____
Address 470 Wilmington Date signed 3/4/40

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

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. 40180
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.