No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20367

Registration District No. 791 FILED JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 5315

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 yrs. 11 mos. (Specify whether years, months or days)
In this community 52 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13

(c) City or town St. Louis 20
(If outside city or town limits write "RURAL")

(d) Street and No. 3713 No. Florissant
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Walter 436

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Phil Walter

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

7. Birth date of deceased March (Month) 2 (Day) 1869 (Year)

8. AGE: Years 71 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business 9

MOTHER FATHER

12. Name Unknown Vale

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

14. Maiden name Unknown

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

16. (a) Informant L. Deggendorf

(b) Address 5400 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director

(b) Address 2117 E. Grand Blvd.

19. (a) JUN 17 1940 (Date received by registrar) (b) J. F. Bredeik (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1940 hour 1:45 p.m. minute M.

21. I hereby certify that I attended the deceased from 6-1-39, 19__, to June 18, 1940, that I last saw her alive on June 18, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Acute Nephritis 6-13-40

Due to Syphilis 6-1-39x

Due to Chronic Nephritis 6-1-39x

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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)

While at work? (e) Means of injury

23. Signature R. H. Crowe (M. D. or other) M.D.

Address 5400 Arsenal Date signed 6/18/40

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.