S. No. 2
—11-10-39
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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. 37541

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9814

FILED DEC 11 1940

**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: 3524 Page Ave
(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 Life 2

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3524 Page ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years. D

3. (a) PRINT FULL NAME August Walther

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 72 | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business 6

FATHER
12. Name Unknown 1
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Emil L. Walther
(b) Address 314 W. Ripa ave Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Oddfellows Cem.

18. (a) Signature of funeral director C. Hoffmeister M-L Co.
(b) Address 7814 S. Broadway

19. (a) NOV 30 1940 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 29 year 1940 hour 920 minute A M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Self administered gas
Due to at his home 3524 Page Ave
Other conditions (Include pregnancy within 3 months of death) Nov 29-1940 about 920 Am
Major findings: Of operations
Of autopsy 163

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) Suicide
(b) Date of occurrence Nov. 29-1940
(c) Where did injury occur? St Louis (City or town) (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

23. Signature Alfred Kerr (M. D. or other)
Address Crystal City Mo Date signed 11/30/40

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

**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.**