No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40851

Registration District No. 291 Primary Registration District No. Registrar's No. 10622

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

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: 4444 Manchester
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County

(c) City or town St. Louis, Manchester 18
(If outside city or town limits, write "RURAL")

(d) Street No. 4444 Manchester Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Minnie Walkenhorst

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife August Walkenhorst

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 29th, (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	6	25	hr. min.

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

10. Usual occupation Household

11. Industry or business

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

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

16. (a) Informant Florence Walkenhorst
(b) Address 4444 Manchester

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden Frenerse Dme
(b) Address 1936 St. Louis Avenue

19. (a) DEC 26 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1939, 19 , to 12-24, 1940
that I last saw her alive on 12-24, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	24 hrs.
Due to Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(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 Bert Klein (M. D. or other) M.D.
Address 2632 S Kingshighway Date signed 12-24-40

(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 Harold Brown, Registered Apprentice No. 257 working under my personal supervision.

Signed: [illegible]

Licensed Embalmer No. 3737

P. O. Address 1926 St. Louis C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.