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5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18946

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1106

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8744 Manchester
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour 3.05 minute P.M. 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 Crushed by truck Duration
of Magic Cleaners when it backed
into driveway where he was laying.

Due to.....
Due to Laceration of liver; intra-
abdominal hemorrhage; multiple
Other conditions fractures of ribs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy Yes
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) Accident.
(b) Date of occurrence May 22, 1941
(c) Where did injury occur? Brentwood, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Louis H. Boye (M. D. or other)
Address Kirkwood, Mo. Date signed 5/23/41

3. (a) PRINT FULL NAME Harry J. Walters

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

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

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

7. Birth date of deceased May 1, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 21
hr. min.

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

10. Usual occupation Maintenance

11. Industry or business Magic Cleaning Co.

12. Name ? Walters

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

14. Maiden name Unknown

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

16. (a) Informant Alberta Smith

(b) Address 6113 Wyma, Pine Lawn, Mo.

17. (a) Burial (b) Date thereof 5/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Edith E. Ambruster.

18. (a) Signature of funeral director.....
(b) Address 4234 Manchester

19. (a) MAY 23 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

6
2
2
3

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.....

Thomas Eynock

Licensed Embalmer No. *1284*

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, fact should be so stated above.