

Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3886 Washington Bl.  
(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)

3. (a) PRINT FULL NAME Susie Walter

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

4. Sex Female / 5. Color of race White 6. (a) Single widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Francis Walter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 19, 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace " 9 (City, town, or county) (State or foreign country)  
14. Maiden name "  
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Beveral Sutton

(b) Address 3886 Washington Bl.

17. (a) Burial (b) Date thereof June 5, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. Jefferson Bernard

18. (a) Signature of funeral director Chas. A. Dully  
(b) Address 4457 Washington Bl.

19. (a) JUN 4 1941 (b) T. B. Bedeck  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1917  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3886 Washington Bl 9  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31,  
year 1941 hour 2nd minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec. 30 1941, to May 30, 1941;  
that I last saw her alive on May 30, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocardial infarction

Due to: arterio sclerosis

Due to: Chronic nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_

23. Signature Chas. A. Dully (M. D. or other) MA  
Address 4930 Lindell Blvd Date signed 6-3-41

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**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 *John Letter*

Licensed Embalmer No. *3880*

P. O. Address.....

**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.**