FILED OCT 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30129

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7468

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: 449 a WILMINGTON AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 449 a WILMINGTON
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME INFANT WALTERS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPTEMBER (Month) 15 (Day) 1941 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 5 hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER 12. Name VICTOR H. WALTERS

FATHER 13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER 14. Maiden name KATHERINE FUNK

MOTHER 15. Birthplace DECATUR (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant's own signature Victor H. Walters

(b) Address 449 a WILMINGTON AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 16. 41 (Month) (Day) (Year)

(c) Place: burial or cremation ST. TRINITY CEMETERY

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway

19. (a) SEP 16 1941 (Date received local registrar) (b) J. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 15 year 1941 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Birth SEPT. 15, 1941, to SEPT. 15, 1941; that I last saw her alive on Sept 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature Birth (6½ mo.)	
Due to	
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Andrew H. Klein (M. D. or other) MD

Address 4632 So Grand. Date signed 9/15/41.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.