

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6411 Myrtle A ve.
(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 Mol (b) County St. Louis
(c) City or town Wellston 096
(If outside city or town limits, write "RURAL")
(d) Street No. 6411 Myrtle Ave. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1941 hour 2.45 minute P.M. M.

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

Immediate cause of death Gastric hemorrhage Duration _____

Due to Ca of Stomach
Due to _____

Other conditions none
(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 Scott K. [unclear] (M. D. or other) MD
Address 340 Bermuda Ave Date signed 11-17-41

3. (a) PRINT FULL NAME Catherine Walter
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 Married
6. (b) Name of husband or wife Frank Walter 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan. 10, 1876.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Mc Ginnis

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

14. Maiden name Don't Know

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

16. (a) Informant Frank Walter

(b) Address 6411 Myrtle Ave.,

17. (a) Burial (b) Date thereof Nov. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. NOV 17 1941 (b) C. J. Mc [unclear] (Registrar's signature)
(Date received local registrar)

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

NOV 29 1941

BR. Geo. Klunkerfuss

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. 3225
P. O. Address 1125 Hodiament Ave.

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.