

16780

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 28 1942
Registration District No.

Primary Registration District No. **1003**

Registrar's No. **4294**

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:
5900a Emma Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community **60 years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **5900a Emma Ave. St. Louis** **12**
(If outside city or town limits, write "RURAL") **97**

(d) Street No. **5900a Emma Ave.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Louis Walter**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Name of husband or wife **Emilie Walter**

6. (b) Single, widowed, married, divorced, **Married**

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

7. Birth date of deceased **Dec. 24, 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	4	20hr.min.

9. Birthplace **Philadelphia, Penn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Baker**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs Emilie Walter**

(b) Address **5900a Emma Ave.**

17. (a) **Burial** (b) Date thereof **May 16, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of Informant **Emilie Walter**

(b) Address **1431 Union Blvd**

19. (a) **MAY 17** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **42** hour **8** minute **2** M.

21. I hereby certify that I attended the deceased from **Apr 30 1941** to **5/14 42**
and that I last saw him alive on **5/12 42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Myocarditis**

Duration **1939**

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) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature **Jeff Ebor** (M. D. or other) **20**

Address **329 Riverside** Date signed **5/18 42**

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

5329 Riverside

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 Strain T. Pichan
Licensed Embalmer No. 2915
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, fact should be so stated above.