

FILED JUL 13 1942 791

Registration District No.

Primary Registration District No.

5621

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, 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 MO. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4242 Swan Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph R. Walters

3. (b) If veteran, name war None 3. (c) Social Security No. 488-03-6861

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille Walters 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Oct. 10th 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 19 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business Bell Telephone Co.

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

16. (a) Informant Lucille Walters

(b) Address 4242 Swan Ave.

17. (a) Burial (b) Date thereof 7-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 30 1942 (b) J. F. Prueck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1942 hour 6:30 minute P.M. M.

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

Immediate cause of death Coronary Occlusion
Coronary Sclerosis
Arteriosclerosis
Due to Arteriosclerosis
Due to Arteriosclerosis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
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?

23. Signature Thomas F. Callahan (Specify type of place) _____
While at work? _____ (a) Means of injury 3
Address Deputy Coroner Date signed 7/30/42

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

70

JUL 5 1955

MAY 20 1954

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 *Richard H. Schumann*

Licensed Embalmer No. *3395*

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.