

SEP 4 1942

Primary Registration District No. 1003

Registrar's No. 7186

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:
Good Samaritan Altenheim 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 50 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County 000
 (c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL") 12
 (d) Street No. 4500 Washington Ave. 4
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Walter F. Resor
 3. (b) If veteran, name war No. 3. (c) Social Security No. None.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 26
 year 1942 hour 30 minute 40 P.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bertha Resor. 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased June 8 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 27 1942 to Aug 26 1942
 that I last saw him alive on Aug 25 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	68	2	18	hr. min.

Immediate cause of death: Cerebral apoplexy
 Duration 8/19/42

9. Birthplace Illinois. (City, town, or county) (State or foreign country) 1
 10. Usual occupation Unemployed.

Due to 8:30 p
 Due to hypertension
 Other conditions (Include pregnancy within 6 months of death)

11. Industry or business.....
 12. Name Casper Resor.
 13. Birthplace Switzerland. (City, town, or county) (State or foreign country) 5
 14. Maiden name White.
 15. Birthplace Switzerland. (City, town, or county) (State or foreign country) 5

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha Resor.
 (b) Address 4500 Washington Ave.
 17. (a) Burial (b) Date thereof 8-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cem.
 18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave.

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.....

19. (a) AUG 28 1942 (Date received local registration) J. F. Berghman (Registrar's signature)
 (Licensed Embalmer's Statement on Reverse Side)

23. Signature J. F. Berghman (M. D. or other) M.D.
 Address 3720 Washington Date signed 8/27/42

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

MOTHER FATHER

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 P. Buckholz

Licensed Embalmer No.....

1674

P. O. Address.....

2323 St Louis 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.