

U.S. No. 2
FORM-5-42
Rev. 3-17-39
I X32873

26266

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 818

Primary Registration District No. 100

Registrar's No. 7362

1. PLACE OF DEATH: St. Louis, Missouri

(a) County.....

(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 19 days.
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4266 Nat'l Bridge Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Fred Walkenhorst

3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1942 hour 7:10 minute A. M.

4. Sex male 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..... August 26, 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-15-42 19... to 9-2-42 19...
that I last saw him alive on 9-2-42 19...
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
32 0 7 hr. min.

Immediate cause of death.....
Carcinoma of Cecum (onset 6-15-42x)

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

10. Usual occupation..... Nil

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name August Walkenhorst

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

14. Maiden name Margaret Dwyer

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy..... None

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

16. (a) Informant H. Deegenderf
(b) Address 4266 Nat'l Bridge ave

17. (a) Burial (b) Date thereof 9/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Sullivan Bro's
(b) Address 2849 N. Euclid ave

19. (a) SEP 2 1942 (b) J. P. Braddock
(Date received local registrar) (Registrar's signature)

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 J. P. Braddock (M. D. or other).....
Address..... Date signed 9-2-42

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

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

P. O. Address.....

St Louis Mo.

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.