S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31947

Registrar's No. 8611

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:
DEACONES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether
In this community 25 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 46.

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES 4 NR.
(If outside city or town limits, write "RURAL")

(d) Street No. 379 GRAY
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — /

3. (a) PRINT FULL NAME WALTER HERMAN FOLKERS

3. (b) If veteran, name war NO

3. (c) Social Security No 489-05-1798

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARGARET FOLKERS

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased JUNE 20 — 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
489	3	25	— hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation SUPERINTENDENT

11. Industry or business KNIGHT MILLING MACHINE Co.

FATHER
12. Name GERHARDT FOLKERS
13. Birthplace HAMBURG (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name HENRIETTA GEBHARDT
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. MARGARET FOLKERS

(b) Address 379 GRAY AVE WEBSTER GROVES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-17-1942 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director Parker Und Co

(b) Address WEBSTER GROVES MO.

19. (a) OCT 17 1942 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15 —
year 1942 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from March-5, 1942, to Oct-15, 1942
that I last saw him alive on Oct-14, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bacterial Endocarditis	7 month
Due to Streptococcus Viridans	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: Bacterial Endocarditis; Infarct for spleen; Pulmonary consolidation

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur W Westrup (M. D. or other)

Address Webster Groves Mo Date signed 10-16-42

(Licensed Embalmer's Statement on Reverse Side)

B

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 C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves 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.