

S. No. 2
M-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12935

FILED MAY 14, 1943

State File No.

Registration District No. 378

Primary Registration District No. 1003

Registrar's No. 4274

1. PLACE OF DEATH:

(a) County..... St. Louis, Missouri

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

(c) Name of hospital or institution:
6017 S. Kingshighway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... Life (Specify whether
In this community..... Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
12

(c) City or town..... St. Louis, 92
(If outside city or town limits, write "RURAL")

(d) Street No. 6017 S. Kingshighway
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Lena Walther

3. (b) If veteran, name war..... --

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 8 minutes 00 A.M.

21. I hereby certify that I attended the deceased from July 1942
to May 1943
that I last saw him alive on May 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife..... Charles E. Walther

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

7. Birth date of deceased..... November 23, 1868
(Month) (Day) (Year)

Immediate cause of death.....
cardiac failure
Due to..... Sensitivity +
Due to..... Myocardial lateral sclerosis

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

8. AGE: Years Months Days If less than one day

74 5 14 hr. min.

9. Birthplace..... St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

Major findings:
Of operations..... none
Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

10. Usual occupation..... Home

11. Industry or business.....

MOTHER FATHER { 12. Name..... Daniel Mueller

{ 13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... Anna Reils

{ 15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Dr. Chas. F. Walther

(b) Address..... 6017 S. Kingshighway

17. (a) Burial (b) Date thereof 5 10 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cemetery

18. (a) Signature of funeral director..... Mackey-Walsh's Undert. Co.
(b) Address..... 3634 Gravois Avenue

19. (a) MAY 7 1943 (b) J. F. Brebeck
(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..... June

(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. G. Dams (M. D. or other) 92
Address..... 3606 Gravois Date signed 5-6-43

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.....

Frank J. DeLaud

Licensed Embalmer No.....

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.