S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9568

FILED APR 13 1944

Registration District No. 348 Primary Registration District No. 1003 Registrar's No. 3261

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: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 v 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1616 Franklin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Walters

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

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 (Month) (Day) About 1877 (Year)

8. AGE: Years About 67 Months Days If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Arkansas 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Joseph Bennett
(b) Address 1616 Franklin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 5 1944 (Date received local registrar) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1944 hour 12:40 minute P. M.

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

Duration

Immediate cause of death Bilateral Abscess of Lung:
Chronic Myocarditis
Due to Cause of abscess
Due to not determined
non tuberculous

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Of autopsy

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 3

23. Signature Alfred Wenig (M. D. or other)
Address Desloge Mo Date signed 4/5/44

(Licensed Embalmer's Statement on Reverse Side)

No Embalm

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 Ogonowski

Licensed Embalmer No. 3378

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.