DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13467

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3597

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1226 Clara Ave
(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:

(a) State Missouri (b) County 006 5

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

(d) Street No. 1226 Clara
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Levina Euzeb Walters,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles W.

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

7. Birth date of deceased January 25, 1860 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Bostaon (City, town, or county) Mass. (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Louis Pierre

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

14. Maiden name Hainey

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

16. (a) Informant H. A. Hamilton

(b) Address 1226 Clara

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/44 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 17 1944 (Date received by local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1944 hour 8.10 P.M. minute M.

21. I hereby certify that I attended the deceased from April 14, 1944, to April 14, 1944 that I last saw her alive on April 14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration — Duration ?
Pulmonary Edema — Days

Due to

Due to

Other conditions Tumor tissue, left breast
(Include pregnancy within 3 months of death)
Non-malignant

Major findings:
Of operations Tumor

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

23. Signature Frances R. Rotarie (M. D. or other) M. D.

Address 5233 Westminster Date signed 4/14/44

(Licensed Embalmer's Statement on Reverse Side)

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 Flowny Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.