

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1944

Registration District No. 176

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

State File No.

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Elizabeth S. Walter

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive ?? years
7. Birth date of deceased Sept. 24 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 70 hr. min.

9. Birthplace Labadie (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Ernest Walter
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Caroline Sandford
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. R. Schaefer

(b) Address Gray Summit, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Pacific

18. (a) Signature of funeral director Paul L. Shieber

(b) Address Pacific

19. (a) 10/13/44 (Date received local registrar) Quelle R. Brooks (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Gray Summit
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1944 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 15, 1943 to Oct. 12, 1944
that I last saw him alive on Oct. 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of uterus Duration 2 years

Due to 48 hr

Due to 48 hr

Other condition Gangrene Right foot 4 WEEKS
(Include pregnancy within 6 months of death)

Major findings: Operation done by
Of operations M. H. C. Fleming, St. Louis

Of autopsy none

PHYSICIAN

Underline 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) (e) Means of injury ✓

While at work? ✓

23. Signature Wm. E. Bartholomew (M. D. or other)

Address Pacific Mo. Date signed 10-14-44

(Licensed Embalmer's Statement on Reverse Side)

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

37710

MAR 27 1945

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 11-14-44

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

Geo L. Chieles

Licensed Embalmer No. 3008

P. O. Address

Pacific 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.