S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10541

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 35

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
228a South Main Street
(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 St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 228a South Main Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Herman Edward Walkenhorst
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maud Bryant Walkenhorst
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June (Month) 30 (Day) 1881 (Year)
8. AGE: Years 63 Months 8 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace St. Charles, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business .....

MOTHER FATHER
12. Name Frederick Walkenhorst
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Johanna Schulenkamp
15. Birthplace St. Charles, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud Walkenhorst
(b) Address 228aS. Main-St. Charles, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 15, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove-St. Charles
18. (a) Signature of funeral director H. C. Dallmeyer & Son Co.
(b) Address 800-801 N. Second-St. Charles Mo.
19. (a) 3-14-1945 (Date received local registrar) (b) Ernest E. Paul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1945 hour 1:00 minute A. M.
21. I hereby certify that I attended the deceased from FEB. 19, 1945 to MARCH 12, 1945 that I last saw him alive on FEB 19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
BRONCHO PNEUMONIA	1 DAY
Due to CHRONIC MYOCARDITIS	2 YRS
ARTERIOSCLEROSIS	2 YRS
Due to	
Other conditions GANGRENE BOTH FEET AND LOWER THIRD OF LEGS (TROPHIC (Include pregnancy within 3 months of death)	

Major findings: Of operations DUE TO CHEST + SPINAL DEFORMITIES
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature Calvin O'Day (M. D. or other) M.D.
Address St Charles Mo Date signed Mar 13/45

1340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number .....

Date Filed 4-11-45

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 B. Dallmeyer

Licensed Embalmer No. 2954

P. O. Address St Charles 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.