

U. S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36671

THE STATE BOARD OF HEALTH OF MONTANA  
 STANDARD CERTIFICATE OF DEATH

State File No. **11527**  
 Registrar's No. **3811**

Registration District No. **318**  
 Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **Enroute to City Hospital #1**  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Montana** (b) County \_\_\_\_\_

(c) City or town **Glendive**  
(If outside city or town limits, write "RURAL")

(d) Street No. **General Delivery** Rural **0**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Edmund W. Walkuch**

3. (b) If veteran, name war **WW#2**

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

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Unknown**

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

7. Birth date of deceased **August 28 1914**  
(Month) (Day) (Year)

8. AGE: Years **About 25** Months \_\_\_\_\_ Days \_\_\_\_\_

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Unknown** U. S. A. /  
(City, town, or county) (State or foreign country)

10. Usual occupation **Soldier** U S A rmy

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {

12. Name **Unknown**

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

14. Maiden name **Nettie** **Unknown**

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

16. (a) Informant **Clinical Records Office**

(b) Address **Sta. Hosp. Jefferson Bks. Mo.**

17. (a) **Removal** (b) Date thereof **April 30.45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Glendive, Montana. Rail.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **Apr 22 1945** (b) **J. F. Bredeck**  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**  
 year **1945** hour **5** minute **15** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death: *Internal hemorrhage from ruptured left kidney, embolus of skull tuberculosis, hemorrhage due to rupture, which he was already by a cerebral aneurysm, done by one Bernhard Pappas at the subscription of Ellavim and Thomas Crown 5:15 P.M. 4/28/45*

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **170**

Of operations \_\_\_\_\_

Of autopsy **708**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **April 28 1945**

(c) Where did injury occur? **at home**  
(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) (a) Means of injury

23. Signature **W. J. Perry** (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed **4/30/45**

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

42  
 100  
 17  
 9

997  
 24  
 Rural 0  
 NR. 0  
 (Yes or No) 2

Duration  
 Physician  
 Underline the cause to which death should be charged statistically.

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7874 S. Broadway*

**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.**