

2. No. 2  
M-2-43  
5-17-39  
X3567

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35438**  
Registrar's No. **8594**

**FILED OCT 31 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**Firmin Desloge Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1610a No 16th St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WALTER MUIR**  
(b) If veteran, name war **NO**  
(c) Social Security No **499-03-1408**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **4th**  
year **1946** hour **11** minute **10** P.M.

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **NOVEMBER 1892**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 15** 19**46** to **Oct 4** 19**46**  
that I last saw him alive on **Oct 4** 19**46**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**53 11 0** hr. min.

Immediate cause of death  
**Carcinoma, involving esophagus, ribs, dorsal vertebrae of spine**  
Due to \_\_\_\_\_ 3 months  
Due to \_\_\_\_\_

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **Carcinoma involving ribs, Primary site Unknown**

10. Usual occupation **Maintenance Man**

11. Industry or business **Ely-Walker**

12. Name **Frank Schwandt**

13. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nora Joyce**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jos. Strano**  
(b) Address **25411a Doughborough**

17. (a) **Burial** (b) Date thereof **Oct 8 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**  
(d) Signature of funeral director **Sensiek-Melaws**  
(e) Address **1431 Union Blvd.**

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 **Thomas J. Sensiek** (M.D. or other) **M.D.**  
Address **4500 Olive St. St. Louis, Mo.** Date signed **Oct. 7 1946**

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

MOTHER FATHER

---

---

**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.....  
*Frank H. McLaw*

Licensed Embalmer No. *2915*

P. O. Address. *St. Louis, 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.**