S. No. 2
9M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1946

State File No. 35450

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8831

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Lemay, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. Box 747 Route #8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Walter M. Natsch

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Helen Mueller Natsch

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. (Month) 15 (Day) 1900 (Year)

8. AGE: Years 45 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Welder

11. Industry or business

FATHER 12. Name Max Natsch 4

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

MOTHER 14. Maiden name Christina Miersch

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

16. (a) Informant Mrs. Helen Natsch

(b) Address Lemay, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-16-1946 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns, St. Cyr Rd.

18. (a) Signature of funeral director Alexander Sno

(b) Address 6175 Delmar

19. (a) OCT 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1946 hour 9: minute 00 A.M.

21. I hereby certify that I attended the deceased from July 2 1946 to Oct. 14 1946 that I last saw him alive on Oct. 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of left lung	10 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy CA L. lower lobe + L. bronchus

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 Henry Rosenfeld (M. D. or other)

Address 3403 Olive Date signed Oct 15 46

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R Jenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.