

No. 2
-5-43
5-17-39
1276671

FILED 21 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8696** State File No. _____

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:
3118^a Lemp. Av. 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)

3. (a) PRINT FULL NAME Frank Walleman
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower
 6. (b) Name of husband or wife Ilda Walleman 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 5 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Switzerland (City, town, or county) (State or foreign country)
 10. Usual occupation Custodian Retired.

MOTHER FATHER
 11. Industry or business _____
 12. Name Unk. Walleman
 13. Birthplace Switzerland (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Frank Walleman
 (b) Address 3118^a Lemp Av.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 10-12-46
(Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul
 18. (a) Signature of funeral director Witt Bros & Nls
 (b) Address 2929 S. Jefferson Av.
 19. (a) OCT 10 1946 (Date received local registrar) J. F. Bedrich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 001
 (c) City or town St. Louis 2417
(If outside city or town limits, write "RURAL")
 (d) Street No. 3118^a Lemp Av. 4
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1946 hour 9 minute 00 p. M.
 21. I hereby certify that I attended the deceased from Jan 1946 to Oct 8 1946
 that I last saw him alive on Oct. 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death aspiration pneumonia
 Due to Psychosis Functional
Arterio Sclerosis

Other conditions 107
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 0
 23. Signature Emil A Burdick (M. D. or other)
 Address 1901 Cherokee Date signed 10-9-46

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

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 *Edgar F. Witt*
Licensed Embalmer No. *2117*

P. O. Address.....

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.

State File No. Nov
Registrar's No. 8696

Registration District No. 318

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:
(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)

3. (a) PRINT FULL NAME Frank Wallemann

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased aug 5 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months Days If less than one day
hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) 10-10-46 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day.....
year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....
that I last saw h..... above on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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..... (M. D. or other)
Address..... Date signed.....

SUPPLEMENTARY

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

NOV 7 1946

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