

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39194  
39194

State File No. \_\_\_\_\_  
Registrar's No. 9759

FILED NOV 25 1946  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
Mo. Baptist Hospital   
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

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

(d) Street No. 5967 Wabada Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Bernard Frank Walterman.

3. (b) If veteran, name war #1,

3. (c) Social Security No. 410-05-0058

4. Sex Male  5. Color or race White

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

6. (b) Name of husband or wife Katherine Walterman

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

7. Birth date of deceased May 9, 1896.  
(Month) (Day) (Year)

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

|    |   |               |                |
|----|---|---------------|----------------|
| 50 | 6 | <del>18</del> | hr. _____ min. |
|----|---|---------------|----------------|

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

10. Usual occupation Assembler worker

11. Industry or business Chevrolet Motor Car Co.

12. Name Bernard H. Walterman

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

14. Maiden name Pauline Wilzer

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

16. (a) Informant Mrs. Katherine Walterman

(b) Address 5967 Wabada Ave.

17. (a) Burial (b) Date thereof Nov. 17/46.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mascow Mills, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hediamont Ave.

19. (a) NOV 15 1946 (b) J. Bredick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14  
year 1946 hour 12.10 minute \_\_\_\_\_ P.M. M.

21. I hereby certify that I attended the deceased from 18-2-46 to 11-14-46

that I last saw him alive on 11-14-46, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Ca of Pancreas with Metastasis  
(Include pregnancy within 6 months of death)

Major findings: Ca of Pancreas with Metastasis

Of operation \_\_\_\_\_

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 Ed. Lavoche (M. D. or other) M.D.  
Address 4885 National Bldg Date signed 11-15-46

Dr. E.A. Lensche,  
4885 Nat. Bridge Rd.,  
MU. 9393 2-4-7-810117.

**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 Alfred J. Boedecker  
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.,

**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.**