

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

FILED FEB 24 1947

Registration District No. 318

Primary Registration District No.

Registrar's 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: 3426 Pennsylvania
(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)

3. (a) PRINT FULL NAME EMILIE WALTER

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LOUIS WALTER
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER 8 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>7</u>	_____hr. _____min.

9. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business *****

MOTHER FATHER {
12. Name BERTSCH 9
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Grand Walter
(b) Address 3426 Pennsylvania

17. (a) Burial (b) Date thereof Feb 18 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dothan Cemetery

18. (a) Signature of funeral director Benshek-Kelhaus

(b) Address 1431 Irving St

19. (a) FEB 17 1947 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ago
(c) City or town ST LOUIS 24/17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3426 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th
year 1947 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 7
1947 to Feb 14 1947
that I last saw him alive on Feb 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
+ Chronic Nephritis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
1/21

Major findings:
Of operations _____
Of autopsy _____

Duration
3
3
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)
(c) Means of injury _____

23. Signature H. G. Moore (M. D. or other) 0
Address 917-5048 Date signed 2-17-47

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 Frank H. Niehaus
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.