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5-17-39  
PI X47070

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 15 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

23032  
State File No. \_\_\_\_\_  
Registrar's No. 1457

Registration District No. \_\_\_\_\_ Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Koch (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Koch Hospital, Koch Mo. D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 90 days  
(Specify whether  
In this community 43 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5818 1/2 Groener Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country No.

3. (a) PRINT FULL NAME Walters, Edward August  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced? ?  
6. (b) Name of husband or wife Edith Kohnhorst  
6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased June 24 1898  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 3  
year 1947 hour 5 minute 40 A.M.  
21. I hereby certify that I attended the deceased from April 4  
1947 to 3 July 1947  
that I last saw him alive on 3 July 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
48 0 9 hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary Tuberculosis 9mo?  
Due to \_\_\_\_\_  
Due to 136

9. Birthplace Wassonville Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Crate  
11. Industry or business Laudin Shoe Co.  
12. Name Paul Walters  
13. Birthplace ?  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie  
15. Birthplace Wassonville Mo.  
(City, town, or county) (State or foreign country)

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.

16. (a) Informant Mrs. Leger Walters  
(b) Address 5818 1/2 Groener Ave.  
17. (a) Burial (b) Date thereof July 5th 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park  
18. (a) Signature of funeral director Beiderwieden Funeral Home  
(b) Address 1936 St. Louis Ave  
19. (a) 7-47 (b) Paula Sharp  
(Date received local registrar) (Registrar's signature)

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 Edward W. Gebhardt (M. D. or other) \_\_\_\_\_  
Address Koch Hospital Date signed 3 July 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 Heald Paulson

Licensed Embalmer No. 4114

P. O. Address. 1936 St. Louis 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.**