S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14755

FILED MAY 15 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4362

1. PLACE OF DEATH:
(a) County: none
(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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)
In this community: 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Madison 999
(c) City or town: R 1 Collinsville 11
(If outside city or town limits, write "RURAL")
(d) Street No.: none 0
N. R. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: CHARLES J WALTERS
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Ida Walters
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: May 5-1874 (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 3 If less than one day ... hr. ... min.

9. Birthplace: Enfield Ills., (City, town, or county) (State or foreign country)
10. Usual occupation: Buyer of
11. Industry or business: Live stock-Stock Yds
MOTHER FATHER
12. Name: Jacob Walters
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Anna William
15. Birthplace: Enfield, Ills., (City, town, or county) (State or foreign country)
16. (a) Informant: [illegible]
(b) Address: Collinsville, Ills.,
17. (a) Burial: removal (Burial, cremation, or removal) (b) Date thereof: 5/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: [illegible] Collinsville Ills.,
18. (a) Signature of funeral director: [illegible]
(b) Address: Collinsville, Ills.,
19. (a) MAY 10 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 8
year: 1948 hour: 5 minute: 40 A.M.

21. I hereby certify that I attended the deceased from April 28, 1948 to May 8, 1948 that I last saw him alive on May 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Coronary thrombosis	11d.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: As above	

PHYSICIAN
Underline the cause of 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: F R Bradley (M. D. or other)
Address: Barnes Hospital, Date signed: 5/8/48

Jefferson City Printing Co.

(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 Geo. M. Schnepper

Licensed Embalmer No. 1598

P. O. Address Collinsville, Ills.,

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.