

318

STANDARD CERTIFICATE OF DEATH

State File No. 18128

18128

Registration District No. Primary Registration District No. 1002

Registrar's No. 5122

5122

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: Christian Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaretha Walther

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 Widow

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

7. Birth date of deceased October 22, 1860
 (Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name Jacob Neupert

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

14. Maiden name Eva Hager

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

16. (a) Informant Mrs. Matilda Balmer

(b) Address 4611 Richard Pl.

17. (a) Burial (b) Date thereof 6-5-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) JUN 3 1948 (b) J. F. Braddock
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Roll
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4611 Richard Place
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
 year 1948 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 15, 1948 to June 2, 1948
 that I last saw him alive on June 2, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
embolus eye dislocated
cornea rupture
 Due to auto accident

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 1918 9th St. Date signed _____

WHILE PRINTING USE UNFOLDING BLACK INK MARKS TO PERMANENTLY 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

Glen W. Katz

.....
Licensed Embalmer No.

3737

P. O. Address:

2161 E. Fair

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.

Registration District No. 318

Primary Registration District No. 4003

Registrar's No. 5122

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
In this community.....
years, months or days)

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.....

3. (a) PRINT FULL NAME

Margaretha Walther

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

4. Sex F 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..... years

7. Birth date of deceased Oct 22 1881
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 3 If less than one day, hr. min.

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

10. Usual occupation nil

11. Industry or business.....

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.....

13. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) J. F. Breeseck
(Date received local registrar) (Physician's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Year 1948 hour..... minute..... M.

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

Duration

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 UNFADING BLACK INK—MAKE A PERMANENT RECORD

2B
45
43880

JUN 17 1948

S-18128

4880 - 06/