No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35241

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2271

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4747 Hanover
(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 St Louis 96

(c) City or town Gardenville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4747 Hanover 0
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME William Walter

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

3. (c) Social Security No. .....

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Maryetta

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec (Month) 31 (Day) 1869 (Year)

8. AGE: Years 78 Months 8 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) N.Y. / (State or foreign country)

10. Usual occupation Painter (Artist)

11. Industry or business .....

FATHER
12. Name John Jacob
13. Birthplace ..... (City, town, or county) N.Y. / (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Maryetta Walter

(b) Address 4747 Hanover

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/48 (Month) (Day) (Year)

(c) Place: burial or cremation N St Marcus Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) 9-30-48 (Date received local registrar) (b) Cecila Sharp MD (Registrar's signature) MSD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1948 hour 3 30 minute P M.

21. I hereby certify that I attended the deceased from Nov 10, 1946, to Sept. 28, 1948; that I last saw him alive on Sept 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, chronic	1 year
Due to Arteriosclerosis	2 years
Due to 93d	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Mr. R. Wilucki (M. D. or other) MD

Address 830 [illegible] Gravois Date signed Sept 30, 1948

(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 Frank J. Owens

Licensed Embalmer No. 2245

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.