

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17777**
4582

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		13	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				d. STREET ADDRESS (If rural, give location) 6683 Washington Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Sayford		c. (Last) Walter		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1949	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 23, 1874	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) Harrisburg, Penn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Walter		13b. MOTHER'S MAIDEN NAME Isabelle Sayford		14. NAME OF HUSBAND OR WIFE Mrs. Alice Walter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No ***		16. SOCIAL SECURITY NO. 488-18-8508		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alice Walter 6683 Washington Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 83			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from 4/25, 1949 , to 5/23, 1949 , that I last saw the deceased alive on 5/23, 1949 , and that death occurred at 5:32 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. R. Parman M.D.				23b. ADDRESS 3903 Olive		23c. DATE SIGNED 5/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 25, 1949		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 24 1949		REGISTRAR'S SIGNATURE J. B. Larater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander Sons 6175 Telmar Blvd, St. L			

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

Dr. Parman
3903 Olives
Je 4086

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed jos. E. McCulloch

Licensed Embalmer No. 2960

P. O. Address 6170 Delmar

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.