

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 28 1950 STANDARD CERTIFICATE OF DEATH

State File No. 25492

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>386.3</u>		Registrar's No. <u>1798</u>				
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		4470				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>801 Dammert Ave.</u>				1		
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u>			b. (Middle) _____			c. (Last) <u>WALTER</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 1, 1882</u>		
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Missouri,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			13a. FATHER'S NAME <u>Eller</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			14. NAME OF HUSBAND OR WIFE <u>Alonzo James Walter</u>				
17. INFORMANT'S SIGNATURE OR NAME <u>Alonzo Lee Walter, Long Beach, Calif</u>			ADDRESS <u>Alonzo Lee Walter, Long Beach, Calif</u>							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>		
		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. <u>Atherosclerotic cardiovascular disease</u> <u>Auricular fibrillation</u>						<u>5702</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>7-20</u> , 19 <u>50</u> , to <u>7-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-23</u> , 19 <u>50</u> , and that death occurred at <u>7:20</u> p.m., from the causes and on the date stated above.										
23a. SIGNATURE (In case or title) <u>J. J. Walker, M.D.</u>				23b. ADDRESS <u>St. Louis County Hospital</u>				23c. DATE SIGNED <u>7/23/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 27, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7-25-50</u>		REGISTRAR'S SIGNATURE <u>Hubert L. Ronda, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und., 7420 Michigan Ave.</u>					

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

working under my personal supervision.

Student Embalmer No.....

Signed..... *W E Morris*

Signed.....
Student Embalmer

Licensed Embalmer No. *3360*

P. O. Address.....

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.