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

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28959

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 2035

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson
c. LENGTH OF STAY (In this place): 31yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 417 Adams Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson 4111
d. STREET ADDRESS (If rural, give location): 417 Adams Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): E.
c. (Last): Walters

4. DATE OF DEATH (Month) (Day) (Year): Aug. 23, 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 22, 1875

9. AGE (In years last birthday): 75
If under 1 year: Months 0 Days 1
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway mail Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Mail

11. BIRTHPLACE (State or foreign country): Gallatin, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Oliver P. Walter

13b. MOTHER'S MAIDEN NAME: Olive Wulfinsbarger

14. NAME OF HUSBAND OR WIFE: Vesper Allen Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Vesper A. Walter Ferguson, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis — Interval between onset and death: 1946

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr Nephritis — 1943
DUE TO (c) Arteriosclerosis — 1938

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☑

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): 592X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-3-, 1949, *to* 8-23-, 1950, *that I last saw the deceased alive on* ~~1-3-, 1949~~, *and that death occurred at* 7:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 8-23-50 (Degree or title): Ron Johnson MD

23b. ADDRESS: Ferguson Mo

23c. DATE SIGNED: 8/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 27, 1950

24c. NAME OF CEMETERY OR CREMATORY: Miriam Cemetery

24d. LOCATION (City, town, or county) (State): Bethany, Missouri

DATE REC'D BY LOCAL REG.: 8-25-50

REGISTRAR'S SIGNATURE: Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: White Funeral Home Ferguson, Mo

(Licensed Embalmer's Signature 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed L. M. White

Signed.....
Student Embalmer

Licensed Embalmer No. 3973

P. O. Address Ferguson, Su

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.