

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39145

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1008** Registrar's No. **9867**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Louis) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | |
| c. LENGTH OF STAY (In this place) 3 Years | | d. STREET ADDRESS (If rural, give location) 4138 N. Grand Blvd. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4138 N. Grand Blvd. | | d. STREET ADDRESS (If rural, give location) 4138 N. Grand Blvd. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) J. c. (Last) Walters | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 18th, 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 26th, 1880 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 4 Days 22 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Linotype Mach. | | 10b. KIND OF BUSINESS OR INDUSTRY Daily Record | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Julius Walters | 13b. MOTHER'S MAIDEN NAME Louise Schall | 14. NAME OF HUSBAND OR WIFE Late Estella Walters |
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| 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. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Froeschner | ADDRESS 4138 N. Grand Blvd. |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis + myocardial degeneration | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes Mellitus | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? 260X |
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22. I hereby certify that I attended the deceased from July, 1950, to Nov. 18, 1950, that I last saw the deceased alive on NOVEMBER 12, 1950, and that death occurred at 10:10 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Russell Underwade (Degree or title) 0 | 23b. ADDRESS 4110 West Florissant Ave. | 23c. DATE SIGNED Nov. 20, 1950 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11/22/50 | 24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| DATE REC'D BY LOCAL REG. NOV 21 1950 | REGISTRAR'S SIGNATURE J. B. Fowler | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz | ADDRESS 4828 Natural Bridge Blvd. |
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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.....
Student Embalmer

Signed Ralph C. Janders
Licensed Embalmer No. 4275

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.