

FILED APR 20 1951

STANDARD CERTIFICATE OF DEATH

14859

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2274		
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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 8 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2139		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital				d. STREET ADDRESS (If rural, give location) 5400 Arsenal St.				
3. NAME OF DECEASED (Type or Print) JEROME			a. (First)			b. (Middle)		
c. (Last) WALLER			4. DATE OF DEATH (Month) (Day) (Year) Mar. 9 1951					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH SEPT. 8, 1921		
9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEVER EMPLOYED		10b. KIND OF BUSINESS OR INDUSTRY NIL		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HARRY WALLER		13b. MOTHER'S MAIDEN NAME LILLIE SCHULTZ		14. NAME OF HUSBAND OR WIFE NIL.		
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. LILLIE WALLER				
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) Nephritis.				INTERVAL BETWEEN ONSET AND DEATH 10 ds.x		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broncho pneumonia DUE TO (c)						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? [Signature]				
22. I hereby certify that I attended the deceased from Jan 1 , 19 48 , to Mar. 9 , 19 51 , that I last saw the deceased alive on Mar. 9 , 1951, and that death occurred at 12:00pm. , from the causes and on the date stated above.								
23a. SIGNATURE J. Lawrence Brown, M.D.				23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 3/9/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/12/51		24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		
DATE REC'D BY LOCAL REG. MAR 11 1951		REGISTRAR'S SIGNATURE J. B. Vasater		25. FUNERAL DIRECTOR'S SIGNATURE Wendover & Co. 3934 N. 20 ST.				

(Licensed Embalmer'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.....
Student Embalmer

Signed

Neville B. Frohwitter

Licensed Embalmer No. *3696*

P. O. Address *3934 N 20 St*

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.