

FILED JUL 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25813
Registrar's No. 46

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078

1. PLACE OF DEATH a. COUNTY <i>St. Genevieve</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Genevieve</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Festus R1</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Jackson Twp - Rural 0950</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <i>Mary</i>	b. (Middle) <i>Ellen</i>	c. (Last) <i>Waltz</i>	
		d. (Month) <i>July</i> (Day) <i>9</i> (Year) <i>1951</i>	

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 1 - 1883</i>	9. AGE (In years last birthday) <i>67</i>	10. UNDER 1 YEAR Months <i>9</i> Days <i>8</i>	11. UNDER 1 HR. Hours <i>8</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Festus Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Etienne Pallier</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Sophia Delengs</i>	14. NAME OF HUSBAND OR WIFE <i>John Waltz</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Lewis Atkins</i>	18. ADDRESS <i>Festus Mo</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *July 2, 1951*, to *July 9, 1951*, that I last saw the deceased alive on *July 9, 1951*, and that death occurred at *8-8* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Arthur E. Syce</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>St. Genevieve Mo</i>	23c. DATE SIGNED <i>7-10-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>7-11-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Concord Cem</i>	24d. LOCATION (City, town, or county) (State) <i>St. Genevieve Co Mo</i>
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DATE REC'D BY LOCAL REG. <i>7-14-51</i>	REGISTRAR'S SIGNATURE <i>Desa M. Paul Depo</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. S. Chryard</i>	ADDRESS <i>Festus Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

File No.

DISTRICT HEALTH OFFICE No. 4

JUL 16 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

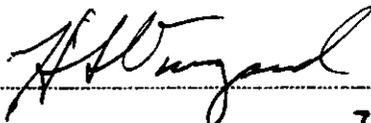
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3010

P. O. Address Festus 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.