

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28829**  
Registrar's No. **7569**

FILED SEP 1 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>1</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>ST. LOUIS Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS 2167</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>3731<sup>a</sup> DUNNICA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1820 CHEROKEE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILEY</b> b. (Middle) <b>A.</b> c. (Last) <b>WALPOLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 24 1951</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV 2 1890</b>
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SUPERINTENDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INT. SHOE CO.</b>	11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>WILEY E. WALPOLE</b>		13b. MOTHER'S MAIDEN NAME <b>FRANCES DARNALL</b>	14. NAME OF HUSBAND OR WIFE <b>MABEL WALPOLE</b>
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MABEL WALPOLE 3731<sup>a</sup> DUNNICA</b>
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) <b>myocardial infarction - hypertensive v.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</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 checked="" 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? <b>442 X</b>	
22. I hereby certify that I attended the deceased from <b>8/14</b> , 1951, to <b>8/15</b> , 1951, that I last saw the deceased alive on <b>Aug 21 1951</b> , and that death occurred at <b>7 2</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Albert Bude M.D.</b>		23b. ADDRESS <b>7109 S. Grand</b>	23c. DATE SIGNED <b>8/25/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG. 27 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. PAUL CHURCHYARD</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>
DATE RECD BY LOCAL REG. <b>AUG 27 1951</b>	REGISTRAR'S SIGNATURE <b>J. Paul Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutis 2906 Gravois</b>	

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Les J. Budde.....

Licensed Embalmer No. 3989.....

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.