

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 36907

36907

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 4184 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald, Missouri</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald, Missouri</u> <u>0360</u> d. STREET ADDRESS (If rural, give location) <u>KE-ELIAD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>ANTON</u> c. (Last) <u>WALTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 21, 1868</u>
9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>5</u>	11. DAYS <u>9</u>	12. IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Postal employee</u>	
11. BIRTHPLACE (State or foreign country) <u>Belleville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Walter</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Huether</u>	
14. NAME OF HUSBAND OR WIFE _____		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 <u>Mrs. Robert Smith, Gerald, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterial Sclerosis</u> 2. 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 <u>331X</u>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>10-12, 1951</u> , to <u>10-30, 1951</u> , that I last saw the deceased alive on <u>10-30, 1951</u> , and that death occurred at <u>9:00 Pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Charles J. Schmitt, M.D.</u> (Degree or title)		23b. ADDRESS <u>Gerald, Mo.</u>	
23c. DATE SIGNED <u>10-31-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls</u>	
24d. LOCATION (City, town, or county) (State) <u>Gerald, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest P. Detmold</u>	
25. ADDRESS _____		DATE REC'D BY LOCAL REG. <u>11-2-51</u>	
REGISTRAR'S SIGNATURE <u>H. L. Matthews</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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File No.
DISTRICT HEALTH OFFICE No. 4

NOV 10 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. 4054

P. O. Address Gerald, Missouri

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.