

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10721

State File No. ....

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

2624

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
St. Louis Mo.

c. CITY (If outside corporate limits, write RURAL and give township)  
St. Louis 2159

d. FULL NAME OF HOSPITAL OR INSTITUTION  
452 So. Main 15

d. STREET ADDRESS (If rural, give location)  
452 So. Main

3. NAME OF DECEASED  
a. (First) John b. (Middle) David c. (Last) Walters

4. DATE OF DEATH  
(Month) (Day) (Year)  
3 3 52

5. SEX Male

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widower

8. DATE OF BIRTH  
Apr 1880

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.  
72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY  
MR

11. BIRTHPLACE (State or foreign country)  
Ohio

12. CITIZEN OF WHAT COUNTRY?  
1

13a. FATHER'S NAME  
MR

13b. MOTHER'S MARRIAGE NAME  
MR

14. NAME OF HUSBAND OR WIFE  
MR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give rank or date of service)

16. SOCIAL SECURITY NO.  
MR

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
V.E. Taylor 1300 Clark

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arterio Sclerosis  
DUE TO (c) Chronic Interstitial Nephritis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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?  
572X

22. I hereby certify that I attended the deceased from 11:00 to 11:00, 1952, that I last saw the deceased alive on 3-31-52, 1952, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE  
David M. Deussen

23b. ADDRESS  
1300 Clark

23c. DATE SIGNED  
3/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE  
3-31-52

24c. NAME OF CEMETERY OR CREMATORY  
Anatomical Board

24d. LOCATION (City, town, or county) (State)  
St. Louis, Mo.

DATE REC'D BY LOCAL REG.  
MAR 20 1952

REGISTRAR'S SIGNATURE  
J. Cash Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Rowland - 4104 Manchester

WRITE PLAINLY—USING UNFAADING 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

*Students of Mortuary College*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.