

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11-168**
 BIRTH NO. **19265** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **361**

1. PLACE OF DEATH a. COUNTY St. Louis Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Ill	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hts.		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN Belleville Ill	
c. LENGTH OF STAY (In this place) 20 hrs.		d. STREET ADDRESS (If rural, give location) 814th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Walter c. (Last) Walter		4. DATE OF DEATH (Month) (Day) (Year) Feb 9 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Feb 9, 1952
9. AGE (In years Last birthday) 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓	11. BIRTHPLACE (State or foreign country) Ill
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓		10b. KIND OF BUSINESS OR INDUSTRY ✓	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Vernon Walter	13b. MOTHER'S MAIDEN NAME Jeanne Friedle	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 ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis		20 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity 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 7625	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?

22. I hereby certify that I attended the deceased from **9 Feb 1952**, to **9 Feb 1952**, that I last saw the deceased alive on **9 Feb 1952**, and that death occurred at **9:50 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert John Bunker M.D.	23b. ADDRESS 2710 S Grand St Louis Mo	23c. DATE SIGNED 10 Feb 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 10, 52	24c. NAME OF CEMETERY OR CREMATORY Green Mt
24d. LOCATION (City, town, or county) (State) Belleville Ill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joseph L. Bury Belleville Ill	
DATE REC'D BY LOCAL REG. 2-9-52	REGISTRAR'S SIGNATURE Herbert R. D... M.D.	

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 IM

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. 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.