

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37217

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2600

4000
1

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Stanislaus Sem.</u>		d. STREET ADDRESS (If rural, give location) <u>Florissant Mo. RURAL</u>	
3. NAME OF DECEASED a. (First) <u>Bro. John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Waltermann S.J.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 6 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2/5.1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious Order</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religious S.J.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>
13a. FATHER'S NAME <u>John Waltermann</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stralker</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rev. Thomas J Sheehy</u> ADDRESS <u>Florissant 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>Several years.</u> ANTECEDENT CAUSES 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. <u>4200</u>	
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) (Min) _____	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 <u>August 9, 1949</u> to <u>Oct 6, 1952</u> , that I last saw the deceased alive on <u>Sept 7, 1949</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. O. Brown M.D.</u> (Degree or title)		23b. ADDRESS <u>1325 S. Grand St. Louis 4. Mo</u>	23c. DATE SIGNED <u>10/9/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/10/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Stanislaus Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Florissant Mo. St. Louis Co</u>
DATE REC'D BY LOCAL REG. <u>10-9-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Bomke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u> ADDRESS <u>1125 Hodiamont Ave.</u>	

Mr. S. O. Brown
1325 S. Leavel
St. 7600

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 *John J. Haines*

Licensed Embalmer No. *4108*

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.