

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40837**

FILED DEC 2 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10476

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10476	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital				d. STREET ADDRESS (If rural, give location) 3121 Miami St.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) J.		c. (Last) Walters		4. DATE OF DEATH (Month) (Day) (Year) Nov. 13 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 1, 1876	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Loose-Wiles Biscuit Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Conrad Walters		13b. MOTHER'S MAIDEN NAME Elizabeth Gabriel		14. NAME OF HUSBAND OR WIFE Elizabeth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-03-9285		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. William Walters - Box 495 Rt. #5 Kirkwood, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Cancer) Stomach				INTERVAL BETWEEN ONSET AND DEATH 6 Mo	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X			
22. I hereby certify that I attended the deceased from Oct. 20, 1952 , to Nov. 12, 1952 , that I last saw the deceased alive on Nov. 11, 1952 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Metter M.D.				23b. ADDRESS 3608 S. Grand Blvd.		23c. DATE SIGNED 11/13/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/15/52		24c. NAME OF CEMETERY OR CREMATORY St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. NOV 14 1952		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heldorle 3634 Gravois			

WRITE PLAINLY—USING UNFADEING 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

Robert Wheeler

Licensed Embalmer No. 2128

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.