

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12477**
2198
Registrar's No.

FILED MAR 18 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

I. PLACE OF DEATH

a. COUNTY

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

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo. Pac. Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE **Mo.**

b. COUNTY

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

d. STREET ADDRESS (If rural, give location)

2221 Thurman Ave.

3. NAME OF DECEASED (Type or Print)

a. (First)

Leo

b. (Middle)

George

c. (Last)

Walther

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

2-25-53

5. SEX

M

6. COLOR OR RACE

W

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

Married

8. DATE OF BIRTH

Jul. 23, 1883

9. AGE (In years last birthday)

69

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

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

Asst. Freight Agt.

10b. KIND OF BUSINESS OR INDUSTRY

Mo. Pac. R.R. Co.

11. BIRTHPLACE (City and State or Foreign Country)

St. Thomas, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

Thomas Walther

13b. MOTHER'S MAIDEN NAME

Elizabeth Massman

14. NAME OF HUSBAND OR WIFE

Bernardine C. Walther

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.

None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Bernardine Walther 2221 Thurman Ave

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Acute Myocardial Infarction

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.

INTERVAL BETWEEN ONSET AND DEATH

3 days

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) (Min.)

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 **2/22, 1953**, to **2/25, 1953**, that I last saw the deceased alive on **2/25, 1953**, and that death occurred at **3:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

[Signature]

23b. ADDRESS

Mo. Pacific Hosp. St. Louis

23c. DATE SIGNED

2-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Feb. 28, 1953

24c. NAME OF CEMETERY OR CREMATOR

Calvary Cemetery

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

St. Louis, Mo.

DATE REC'D BY LOCAL REG.

FEB 26 1953

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

[Signature]**Kriegshauser 4228 S. Kingshighway Bl**

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

Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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.