

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23221

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

5443

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ St. Louis		c. LENGTH OF STAY (in this place) _____ 30yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ 5101 Kensington				d. STREET ADDRESS (If rural, give location) _____ 12 5101 Kensington 212/0			
3. NAME OF DECEASED (Type or Print) a. (First) _____ Mary		b. (Middle) _____ E.		c. (Last) _____ Walter		4. DATE OF DEATH (Month) (Day) (Year) May 31, 1953	
5. SEX _____ F		6. COLOR OR RACE _____ W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ Widowed		8. DATE OF BIRTH _____ April 11, 1869	
9. AGE (In years last birthday) _____ 84yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____ None		11. BIRTHPLACE (City and State or Foreign Country) _____ Ill.	
12. CITIZEN OF WHAT COUNTRY? _____ USA		13a. FATHER'S NAME _____ Calvin Reames		13b. MOTHER'S MAIDEN NAME _____ Frances Seiter		14. NAME OF HUSBAND OR WIFE _____ Wm. W. Walter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ No		16. SOCIAL SECURITY NO. _____ None		17. INFORMANT'S SIGNATURE OR NAME _____ Harry L. Walter			
17. ADDRESS _____ 420 Altadena Crt. U. City		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ CARCINOMA of urinary Bladder ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ Bilateral Pyelonephritis & obstruction 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 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ Carcinoma of urinary Bl.				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 building, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ St. Louis		21d. (COUNTY) _____ St. Louis	
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? _____ 181X			
22. I hereby certify that I attended the deceased from 4/12, 1953, to 5/31, 1953, that I last saw the deceased alive on 5/25, 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.							
23. SIGNATURE _____ Carl Wattenberg, M.D.				23b. ADDRESS _____ 3720 Washington Ave		23c. DATE SIGNED _____ 6/1/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ Removal		24b. DATE _____ June 2, 1953		24c. NAME OF CEMETERY OR CREMATORY _____ Beacher City Cemetery		24d. LOCATION (City, town, or county) _____ Beacher City Ill	
24e. DATE REC'D BY LOCAL REG. _____ JUN 1 1953		24f. REGISTRAR'S SIGNATURE _____ C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE _____ Alexander & Sons 6175 Delmar			
25. ADDRESS _____				25. ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

Mary E. Walter

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 Joseph McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.