

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

45367

State File No. 12310  
Registrar's No. 12310

FILED JAN 19 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, address before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4632 S. Grand Blvd.</u>		e. STREET ADDRESS (If rural, give location) <u>14 4954 Oleatha Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>C.</u> c. (Last) <u>IMHOF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 16, 1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Sgt. - St. Louis Police Dep't.</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (has birthday) <u>51</u> IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> IF OVER 1 YEAR Hours <u>  </u> Min. <u>  </u>
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>  </u>	
13a. FATHER'S NAME <u>John Imhof</u>		13b. MOTHER'S MAIDEN NAME <u>Otilia Schuckhart</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Imhof</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>  </u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Imhof 4954 Oleatha Ave.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>  </u>  DUE TO (c) <u>  </u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>4200</u>		22. I hereby certify that I attended the deceased from <u>Aug 20, 1952</u> , to <u>Dec 28, 1953</u> , that I last saw the deceased alive on <u>Dec 28, 1953</u> , and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Andrew G. Kline, M.D.</u>		23b. ADDRESS <u>4632 So. Grand</u>	
23c. DATE SIGNED <u>12-29-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 31, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 29 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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.....  
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *4281*.....

P. O. Address *4228th Kensington*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.