FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6943

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2161

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 2 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Bros Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 15 54I Fassen

2159 D

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): B.
c. (Last): Walter

4. DATE OF DEATH (Month) (Day) (Year): Mar 6 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 6 1870
9. AGE (In years last birthday): 83 | 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): Ret. Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Busch Brewery
11. BIRTHPLACE (City and State or Foreign Country): Germany
12. CITIZEN OF WHAT COUNTRY?: 4

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Anna alter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Viola Walter
ADDRESS: 54I Fassen

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) Arterio sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatoid Arthritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
3rd degree burn right leg — 3 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP): St Louis (COUNTY) (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 15 '53 1 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Cigarette burn pajamas - 4200F

22. *I hereby certify that I attended the deceased from* Dec 28, 1953, *to* Mar 6, 1954, *that I last saw the deceased alive on* 3/6, 1954, *and that death occurred at* 11:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Hachmeyer
(Degree or title): M.D.
23b. ADDRESS: 4703 A Virginia
23c. DATE SIGNED: 3/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/9/54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo

DATE REC'D BY LOCAL REG.: MAR 8 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD
MDG
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. Schumacher
ADDRESS: 3013 Meramec

(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 .....
Student Embalmer

Signed Jack Hampton

Licensed Embalmer No. 7780

P. O. Address St Louis

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

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