

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32372

State File No. _____
Registrar's No. 2169

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. CITY OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-826 North McKnight		e. STREET ADDRESS (If rural, give location) 826 North McKnight Road	
c. LENGTH OF STAY (in this place) 2 YEAR		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER C b. (Middle) C c. (Last) HARTING			4. DATE OF DEATH Sept. 12 1954		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Feb. 7, 1889		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Harting.	
13b. MOTHER'S MAIDEN NAME Louise Hannemann.		14. NAME OF HUSBAND OR WIFE Leontine Barnett Harting		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	
16. SOCIAL SECURITY NO. W.W. #1		17. INFORMANT'S SIGNATURE OR NAME Leontine B. Harting, 826 N. McKnight Rd.		18. CAUSE OF DEATH	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W.W. #1		17. INFORMANT'S SIGNATURE OR NAME Leontine B. Harting, 826 N. McKnight Rd.	
---	--	---------------------------------	--	--	--

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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 30 min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES					
Morbidity 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.				None	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4201	
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?			

22. I hereby certify that I attended the deceased from July 20, 1954, to Sept 12, 1954, that I last saw the deceased alive on Aug 10, 1954, and that death occurred at 3:40 A. M., from the causes and on the date stated above.

23a. SIGNATURE Charles Silverberg M.D.		23b. ADDRESS 462 N. Taylor Ave.		23c. DATE SIGNED Sept 12, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9/14/54.		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. SEP 13 1954		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE R. LUPTON & SONS-7233 Delmar Blv'd.,		ADDRESS	
--------------------------------------	--	-----------------------	--	---	--	---------	--

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Arnold W. Schoen*.....

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.