

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39335**  
Registrar's No. **10379**

XC # **1172 40 07**  
REG # **4698**  
SL # **1140**  
BIRTH NO. **LED DEC 13 1954**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>915 N. GRAND, ST. LOUIS, MO.</b>		c. LENGTH OF STAY (In this place) <b>4 DAYS</b>	c. CITY OR TOWN <b>VALLEY PARK</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>BOX 305</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WESLEY</b> b. (Middle) <b>G.</b> c. (Last) <b>WALTEMATH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-14-54</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>11-2-06</b>
9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WELDER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WARREN COUNTY, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>THOMAS WALTEMATH</b>	
13b. MOTHER'S MAIDEN NAME <b>MARTHA SCHNEIDER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>YES</b> (If yes, give year or dates of service) <b>WWII</b>		16. SOCIAL SECURITY NO. <b>702-16-3725</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>LAENNEC'S CIRRHOSIS</b>  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. <b>PULMONARY EDEMA, ASCITES JAUNDICE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 YEARS</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5811</b>	
22. I hereby certify that I attended the deceased from <b>11-10-54</b> , 19___, to <b>11-14-54</b> , 19___, <del>that I attended the deceased</del> <del>from</del> <del>and</del> <del>that</del> <del>death</del> <del>occurred</del> <del>at</del> <del>8:30 A. m.,</del> <del>from</del> <del>the</del> <del>causes</del> <del>and</del> <del>on</del> <del>the</del> <del>date</del> <del>stated</del> <del>above.</del>			
23a. SIGNATURE <b>Donald L. Stoner</b>		23b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>	23c. DATE SIGNED <b>11-14-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL-NOTOR</b>	24b. DATE <b>11-18-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MARTHASVILLE, MO</b>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>NOV 15 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>SOUTHERN FUNERAL HOME</b> <b>2225 GRAND</b> <b>ST. LOUIS, MO</b>	

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 *Francis J. [Signature]*.....

Licensed Embalmer No. 4512

P. O. Address 6322 S. E.

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.