

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20475

FILED JUN 20 1955

State File No.

318

1003

4731

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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS Mo</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4247 - CONNECTICUT</u>		e. STREET ADDRESS (If rural, give location) <u>4247 - CONNECTICUT</u>	

3. NAME OF DECEASED - (Type or Print) a. (First) <u>MABEL</u> b. (Middle) <u>WALPOLE</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<u>WIDOW</u>		<u>WIDOW</u>		8. DATE OF BIRTH <u>OCT 16 1903</u>	
9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	
11. BIRTHPLACE (City and State, or Foreign Country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>JOHN SUSANKA</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA ENGLER</u>		14. NAME OF HUSBAND OR WIFE <u>WILEY WALPOLE (DEC'D)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>493-10-7790</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VIOLA BERGFELD</u>	
				ADDRESS <u>4247 CONNECTICUT</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Suffocation by hanging suffered when deceased hanged herself in bathroom of home at 4247 a				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				
		19a. DATE OF OPERATION <u>May 29 1955</u>			19b. MAJOR FINDINGS OF OPERATION <u>Unknown</u>	
		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				

21a. ACCIDENT (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>St Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 29 55 ? m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E974X</u>	

22. I, hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1051 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Patrick P. Taylor</u>		(Dr. or title)		23b. ADDRESS <u>1300 Clark</u>	
				23c. DATE SIGNED <u>5.31.55</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 1 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL CHURCHYARD</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAY 31 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kute 2906 Gravois</u>	

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 *Samuel C. Hill*

Licensed Embalmer No. *4347*
P. O. Address *2906 St*

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.