

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14368

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Foristell R.R. 1		c. CITY OR TOWN Foristell R.R. 1	
c. LENGTH OF STAY (in this place) 30 Yrs		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 Foristell R.R. 1		f. STREET ADDRESS (If rural, give location) North of Flint Hill, Mo. 0920	

3. NAME OF DECEASED (Type or Print) Henry Lawrence Walterman			4. DATE OF DEATH April 20 1956		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 29, 1908		9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State or Foreign Country) Foristell, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Bernard Walterman			13b. MOTHER'S MAIDEN NAME Paulene Wiazzer			14. NAME OF HUSBAND OR WIFE None		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sylvester Walterman Foristell, Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		ANTECEDENT CAUSES						3 days	
DUE TO (b) Arteriosclerosis		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						4 yrs	
DUE TO (c) Hypertension		II. OTHER SIGNIFICANT CONDITIONS						4 yrs.	
		Conditions contributing to the death but not related to the disease or condition causing death. Obesity							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural			21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Chas Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-16, 1956, to 4-20, 1956, that I last saw the deceased alive on 4-18, 1956 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Beckmeyer, D. Wright City			23b. ADDRESS			23c. DATE SIGNED 4-21-56		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 23, 56		24c. NAME OF CEMETERY OR CREMATORY St. Theodores Cemetery		24d. LOCATION (City, town, or county) (State) Flint Hill, Missouri			
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DATE REC'D BY LOCAL REG. 4/24/56		REGISTRAR'S SIGNATURE Martin F. Huff			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Garretton & Pittman Wentzville				
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(Licensed Embalmer's Statement on Reversed Side)

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

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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 *Jonathan S. Pitman*
Licensed Embalmer No. *497*

P. O. Address *Lebanon, Mo.*

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.