

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22190**
Registrar's No. **5641**

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5641

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 <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>24 Hrs.</u>		c. CITY OR TOWN <u>Belmore</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROTHERS HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>8200 Natural Bridge</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) _____ c. (Last) <u>WATZLOW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12-1956</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Mar. 7-1909</u>		9. AGE (In years last birthday) (Specify) <u>47</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foundry Guard</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City, and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Watzlow</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Hoerman</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W. W. # 2</u>			16. SOCIAL SECURITY NO. <u>89-10-0918</u> <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Scura</u> ADDRESS <u>8200 Natural Bridge</u>			
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) <u>Hepato-renal failure</u> <u>Unilateral Kidney (Nephrectomy 1942)</u> Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unilateral Kidney (Nephrectomy 1942)</u> DUE TO (c) <u>Fatty Liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Post op. appendectomy</u> <u>Postop appendectomy</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION <u>11 June 56</u>		19b. MAJOR FINDINGS OF OPERATION <u>acute appendicitis</u> <u>Autopsy</u>					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) <u>550.0</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-12-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>6-11-56</u> <u>6-12-56</u>				
22. I hereby certify that I attended the deceased from <u>11 June, 1956</u> , to <u>12 June, 1956</u> , that I last saw the deceased alive on <u>12 June, 1956</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above <u>6-13-56</u>								
23a. SIGNATURE <u>Louis T. Litzow</u> (Degree or title) _____				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>6-13-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 15-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUN 13 1956</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Leidner Ind. Co.</u> ADDRESS <u>2223 St. Louis Ave.</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 *E. J. P. Resnelius*

Licensed Embalmer No. *4283*

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.