

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22273**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **541** Registrar's No. **1456**

<b>I. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>ST LOUIS</b>	b. CITY (If outside corporate limits, write RURAL and give town or township) <b>CLAYTON</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>ST LOUIS</b>
c. LENGTH OF STAY (in this place) <b>D.O.A.</b>		c. CITY OR TOWN <b>MEHLVILLE</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST LOUIS Co. Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>Rt 11-Box 616 (MERAMEC Bottom Rd.)</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>LOUISA</b>	b. (Middle) <b>MARGARET</b>	c. (Last) <b>WALTER</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JUNE - 12 - 1956</b>
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<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>JAN. 7<sup>th</sup> 1898</b>	<b>9. AGE</b> (In years last birthday) <b>58</b>	<b>IF UNDER 1 YEAR</b> Months <b>5</b> Days <b>5</b>	<b>IF UNDER 14 HRS.</b> Hours <b>5</b> Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>HOME</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>ST LOUIS Co, Mo</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S. A.</b>	

<b>13a. FATHER'S NAME</b> <b>GEORGE P. SCHMIDT</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>LOUISA WESTERMANN</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>JOHN WALTER</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MR JOHN WALTER</b>	<b>ADDRESS</b> <b>Rt 11-Box 616 MEHLVILLE Mo</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Asphyxia due to strangulation by ligature</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>ANTECEDENT CAUSES</b> DUE TO (b) _____		
	<b>OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>974X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT, SUICIDE, HOMICIDE</b> (Specify) <b>Suicide</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>basement of home</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Mehlville St. Louis Mo.</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>June 12 1956 2:23 A.M. DST</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>self inflicted strangulation (hanging) A.M. in home.</b>
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>Ernest J. Willmann</b>	(Degree or title) <b>Coroner</b>	<b>23b. ADDRESS</b> <b>Clayton, Missouri</b>	<b>23c. DATE SIGNED</b> <b>6/19/56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>24b. DATE</b> <b>JUNE-15-1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>OLD ST JOHNS CEM.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>MEHLVILLE MO.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-14-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Herbert R. Dombard</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Fey Funeral Home</b>	<b>ADDRESS</b> <b>MEHLVILLE, MO</b>
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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 *Gustav W. Dutek*.....

Licensed Embalmer No. *4328*

P. O. Address *St. Louis, 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.