

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22453**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1528**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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) OR TOWN <b>Lemay</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>	c. CITY OR TOWN <b>Lemay</b> <b>4860</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lemay Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <b>241 Bauman Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>PHILIP</b>	b. (Middle) <b>J.</b>	c. (Last) <b>WALTERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 31, 1876</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Purchasing Agent</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Titanium Pig. Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ironton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Michael Walters</b>	13b. MOTHER'S MAIDEN NAME <b>Mary last name Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Lena</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>493 05 8163</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Otto Meyer 4048 Cleatha, St. Louis, Mo.</b>
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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, asthma, 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) <b>Chronic arteriosclerosis heart disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> 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	19b. MAJOR FINDINGS OF OPERATION	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4200</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **June 25, 1955**, to **June 20, 1956**, that I last saw the deceased alive on **June 17, 1956**, and that death occurred at **11 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Roy L. Hurdick M.D.</b> (Degree or title)	23b. ADDRESS <b>7702 Lemay Ave.</b>	23c. DATE SIGNED <b>6/22/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 23, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>7901 Gravois ave.</b>
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DATE REC'D BY LOCAL REG. <b>6-22-56</b>	REGISTRAR'S SIGNATURE <b>Herbert A. Donahue</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hoffmeister U. &amp; L. Co., 821 So. Broadway St., St. Louis, Missouri</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1 AUG 29 1956

**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 *Linus C. Hoffmeister*.....

Licensed Embalmer No. 38771

P. O. Address 78148 R

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.