THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

STATE FILE NUMBER 6142

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 923

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND. ST LOUIS, MO — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL — Length of stay in Hospital 87 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SAINT CHARLES
c. CITY OR TOWN WENTZVILLE — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) ROUTE # 2 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First WALTER Middle ECHELMEIER Last ECHELMEIER

4. DATE OF DEATH Month 1 Day 28 Year 57

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH 4-20-96
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PIPE FITTER
10b. KIND OF BUSINESS OR INDUSTRY St. Louis Car Co
11. BIRTHPLACE (City and state or country) ST. CHARLES, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME AUGUST ECHELMEIER
14. MOTHER'S MAIDEN NAME WILLAMINE WAHLBRINK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. 492-05-2139
17. INFORMANT VA HOSP. RECORDS. 915 N. GRAND. ST. LOUIS, Address MISSOURI.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RIGHT HEART DILITATION AND HYPERTROPHY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC BRONCHITIS AND EMPHYSEMA
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5020

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-2-56, to 1-28-57 and last saw him alive on 1-28-57
Death occurred at 4:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Denton (Degree or title) M. D.
22b. ADDRESS VAH. ST. LOUIS, MISSOURI
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Jan 31 1957
23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
23d. LOCATION (City, town, or county) (State) St. Charles, Missouri

24. FUNERAL DIRECTOR Math Hermann & Son, Inc., ADDRESS 2161 E. Fair Av
25. DATE RECD. BY LOCAL REG. JAN 29 '57
26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling out this certificate. Do not use abbreviations or symbols. Do not use terms such as "heart failure" or "cardiac arrest" without stating the underlying cause of death. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

FEB 2 3 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 37

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.