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FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6724

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1256

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Overland 426 X 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Mo.Baptist Hosp — Length of stay in 1b 4 DAY's	d. STREET ADDRESS (If outside, give location) 27 9001-Osage Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: John	Middle: Henry	Last: Walz	4. DATE OF DEATH Month Day Year: Feb.6,1957
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: June 23,1883	9. AGE (In years last birthday): 73 — 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): Postal Employee	10b. KIND OF BUSINESS OR INDUSTRY: Post-Office	11. BIRTHPLACE (City and state or country): St.Louis,Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Christopher Walz		14. MOTHER'S MAIDEN NAME: Margaret Mueller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Nellie G.Walz — Address: 9001-Oasage Lane		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 331X

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

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Feb 1, 1957, to Feb 6, 1957 and last saw him alive on Feb 6, 1957

Death occurred at 6 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry W. Noller M.D. 0

22b. ADDRESS 2438 Woodson Rd Overland 14. Mo.

22c. DATE SIGNED Feb 7, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 2-9-1957	23c. NAME OF CEMETERY OR CREMATORY: Mt.Lebanon Cemetery	23d. LOCATION (City, town, or county) (State): St.Ann,Mo.
24. FUNERAL DIRECTOR: Baumann Bros. Inc. — ADDRESS: 2504-Woodson Rd-Overland-14-Mo.	25. DATE RECD. BY LOCAL REG.: FEB 7 '57	26. REGISTRAR'S SIGNATURE: J Carl Smith MD MPB	

(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 item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3

P. O. Address Overlan

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.