

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3757

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1248

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5806 Wabada Ave.</u>			Length of stay in lb	d. STREET ADDRESS <u>5806 Wabada Ave.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Louis Martin Walters</u>				4. DATE OF DEATH Month Day Year <u>Feb. 1 1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 2, 1890</u>		9. AGE (In years last birthday) <u>68</u>	F 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) <u>Machinist-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elec. Equip.</u>	11. BIRTHPLACE (City and state or country) <u>Milwaukee, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Martin Walters</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Marquette</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Walters</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.#1</u>		16. SOCIAL SECURITY NO. <u>494-07-5267</u>	17. INFORMANT Address <u>Mrs. Lillian Walters 5806 Wabada Ave.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>metastatic carcinoma of liver</u> DUE TO (b) <u>carcinoma of colon</u> DUE TO (c) <u>153-8</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic bronchitis, Pulmonary emphysema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>3 mos.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1953</u> to <u>1958</u> and last saw ^{her} him alive on <u>Jan 29, 1958</u> Death occurred at <u>Feb 1, 1958 6:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>George A. Mabe MD</u>		22b. ADDRESS <u>950 Francis Place</u>	22c. DATE SIGNED <u>2-3-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>2-5-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>			
24. FUNERAL DIRECTOR <u>Drehmann-Harral</u>		ADDRESS <u>1905 Union Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>FEB 3 '58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address

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.