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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015704
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 4356

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MAPLEWOOD 4544		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS-HOSP.		Length of stay in lb 4 DAYS	d. STREET ADDRESS (If outside, give location) 27 7458 FLORA		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WALTER Middle J Last DAY			4. DATE OF DEATH Month 4 - Day 19 - Year 58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. GAS MAN		10b. KIND OF BUSINESS OR INDUSTRY LAKEDE GAS CO	11. BIRTHPLACE (City and state or country) PENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME WALLACE-DAY		13b. MOTHER'S MAIDEN NAME UNKNOWN BOTT	14. NAME OF HUSBAND OR WIFE EMMA DAY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-05-2446	17. INFORMANT Address MRS WALTER DAY- 7458 FLORA		
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>Hypertensive Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Diabetes Mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x					INTERVAL BETWEEN ONSET AND DEATH 4 yrs 1 yr
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.		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 4/12/1958 to 4/19/58 and last saw ^{her} alive on 4/19/1958 Death occurred at 5:30 P.M. 4/19/58 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Charles C. Dreyfus MD</i>		22b. ADDRESS 19, Mo. 19 E. Lockwood Webster Groves		22c. DATE SIGNED 4/21/1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4-23-58	23c. NAME OF CEMETERY OR CREMATORY OAK-HILL CEM.		23d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO
24. FUNERAL DIRECTOR JAY B. SMITH-Maplewood 17 Mo		25. DATE RECD. BY LOCAL REG. APR 22 '58		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> MOB	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

J. Allen Davis
Licensed Embalmer No. 4053
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.