

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015835
State File No.

FILED APR 18 1958

BIRTH NO.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3373

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 5640 Hiller Pl.			
3. NAME OF DECEASED (Type or Print) WALTER		a. (First)		b. (Middle)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH July 1, 1881		9. AGE (In years last birthday) 76		4. DATE OF DEATH (Month) (Day) (Year) Mar. 21 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Europe	
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Sophie Goltz	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvara Struckmeyer 4970 San Francisco	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Gravel</i> DUE TO (c) <i>Uremia</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>nephrosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i> <i>1 wk</i> <i>3 days?</i> <i>?</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>420.0</i>			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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)	
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?	
22. I hereby certify that I attended the deceased from <i>7/29, 1955</i> , to <i>3/20, 1958</i> , that I last saw the deceased alive on <i>3/20, 1958</i> and that death occurred at <i>1:35 a.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Charles P. Harris</i>		(Degree or title)		23b. ADDRESS <i>5298 a Page.</i>	
23c. DATE SIGNED <i>3/21/58</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>3/21/58</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Friedens Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>		DATE REC'D BY LOCAL REG. <i>MAR 24 '58</i>	
REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Buchholz Mortuary 5967 W. Florissant Ave.</i>			

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 *Wilfred J. Bushby*.....

Licensed Embalmer No. *455*.....

P. O. Address *A. Town*.....

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.