

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019947

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

1335

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|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 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 Pine Lawn | | c. CITY OR TOWN Pine Lawn 4161 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 6238 Greer Ave. | | d. STREET ADDRESS (If outside, give location) 6238 Greer Ave. | |
| 3. NAME OF DECEASED (Type or print) First Rosa Middle Bergmeier Last Walter | | 4. DATE OF DEATH Month 5 Day 13 Year 59 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 21, 1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Adam Raithel | | 13b. MOTHER'S MAIDEN NAME Eva Solger | |
| 14. NAME OF HUSBAND OR WIFE Louis D. Walter | | 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 Mr. Leslie J. Bergmeier | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH 5 minutes | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Disease | | 1yr | |
| DUE TO (c) Arteriosclerotic Heart Disease | | 1yr | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 8/23/57 to 5/13/59 and last saw her alive on 5/6/59 Death occurred at 4:20 p m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Murray Chinsky MD | |
| 22b. ADDRESS 6223 Natural Bridge | | 22c. DATE SIGNED 5/15/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE May 16, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
| 24. FUNERAL DIRECTOR Drehmann-Haral | | 25. DATE RECD. BY LOCAL REG. 5-15-59 | |
| 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Murray Chinsky
6223 Natural Bridge
Ev. 5-7501

Hrs. 10-30 - 5 Fri.

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 *Albert R. Thompson*

Licensed Embalmer No. *4237*
P. O. Address *St. Louis*

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.