

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-004387

FILED VS FEB 1 1960 317

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 153

STATE FILE NUMBER

RECEIVED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clayton c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson c. CITY OR TOWN Arnold Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) Coach Traylor Ct Lot 52 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Ruth Middle Waltemath Last Waltemath				4. DATE OF DEATH Month January Day 14 Year 1960									
5. SEX female		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 4/17/1909		9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Leslie, Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Thomas Armistead				13b. MOTHER'S MAIDEN NAME Maude Sorrells				14. NAME OF HUSBAND OR WIFE William					
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.		17. INFORMANT Address William Waltemath Arnold, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe traumatic injury DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Operator of car involved in collision with tractor-trailer									
20c. TIME OF INJURY Hour 3:10 Month, Day, Year 1/14/60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>											
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway				20f. CITY, TOWN, OR LOCATION Rural		COUNTY St. Louis		STATE Missouri					
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Raymond H. Hand</i> Coroner						22b. ADDRESS Clayton, Mo.				22c. DATE SIGNED 1/23/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 1/18/1960		23c. NAME OF CEMETERY OR CREMATORY LOCAL		23d. LOCATION (City, town, or county) (State) Marthasville, Missouri							
24. FUNERAL DIRECTOR ADDRESS John L Ziegenhein & Sons 7027 Gravois					25. DATE RECD. BY LOCAL REG. 1-15-60		26. REGISTRAR'S SIGNATURE <i>John M. ...</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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed C. D. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.