

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-004649**

**FILED VS FEB 1 1960 317**

Registration District No. 500 Registrar's No. 189

STATE FILE NUMBER

INDEXED

|  |                                  |   |  |  |   |  |   |
|--|----------------------------------|---|--|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Unincorporated ST LOUIS</b>  |                                  |   | Length of stay in 1b<br>years  |  | c. CITY OR TOWN <b>Unincorporated</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>10450 West Florissant</b>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><b>10450 West Florissant</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Louis</b> Middle <b>T.</b> Last <b>Walter</b>   |                                  |   |  | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>18</b> Year <b>1960</b>  |   |  |   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-24-1890</b>   | 9. AGE (last birthday)<br><b>69</b>  | IF UNDER 1 YEAR<br>Months   | IF UNDER 24 HR<br>Days   | Hours   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired - Carpenter</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Board of Education</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Louis T. Walter</b>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary E. Hughes</b>                                   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Grace Walter</b>                       |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, or unknown) (If yes, give war or dates of service)<br><b>YES W.W. I</b>   |                                  |   | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT<br>Address<br><b>Mrs. Grace Walter - 10450 W. Florissant</b>    |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>acute Coronary infarct</b>  |                                  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH -<br><b>30 min</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  |   |  |  |   | DUE TO (b) <b>hypertensive heart disease</b><br><b>10 yrs</b>  |   |
| DUE TO (c) <b>arteriosclerosis</b><br><b>10 yrs</b>  |                                  |   |  |  |   |  |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour<br>a.m.<br>p.m.  |                                  | Month, Day, Year  |  |  |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <b>2-19-55</b> to <b>1-18-60</b> and last saw her alive on <b>1-18-60</b><br>Death occurred at <b>11:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |  |   |
| 22a. SIGNATURE<br><b>J. E. Farley DO</b> (Degree or title)   |                                  |   |  | 22b. ADDRESS<br><b>6623 Bellvue St Louis Mo</b>  |   | 22c. DATE SIGNED<br><b>1-18-60</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>Jan. 21, 1960</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>Math Hermann &amp; Son, Inc., 2161 E. Fair Av</b>   |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>1-19-60</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy M.D.</b>  |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Chas W. Nash

Licensed Embalmer No. 3757

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.