SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006710

XC 1973 3670 SL 9536 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1727 STATE FILE NUMBER

AMENDED

FILED VS MAR 1 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b: 21 HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADMIN HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: ST LOUIS — Inside Limits: Yes [XX] No [ ]
d. STREET ADDRESS (If outside, give location): 4449 Bingham — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First WALTER Middle L. Last MAIS
4. DATE OF DEATH: Month 2 Day 19 Year 61
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3-24-95
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAKER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: AUGUST MAIS
13b. MOTHER'S MAIDEN NAME: PAULINE UETRECKT
14. NAME OF HUSBAND OR WIFE: LORETTA MAIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.
17. INFORMANT: LORETTA MAIS Address: 4449 Bingham St. Louis, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): DIABETIC ACIDOSIS AND SHOCK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b): GANGRENE LEFT FOOT
DUE TO (c): 260X
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):
PULMONARY EDEMA, ARTERIOSCLEROTIC HEART DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 VA attended the deceased from 2-18-61 to 2-19-61 and last saw 2-19-61
Death occurred at 8:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): NORUHO O. KUHN M.D.
22b. ADDRESS: VA HOSPITAL 915 NO. GRAND ST. LOUIS 6, MISSOURI
22c. DATE SIGNED: 2-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/22/61
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Edward Fendler ADDRESS: 5611 So. Grand Blvd.
25. DATE RECD. BY LOCAL REG.: FEB 21 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF CLEARED THROUGH CORONER'S OFFICE

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 Charles F. Dean Jr.

Licensed Embalmer No. 5119

P. O. Address St. Louis Mo

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.