

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-012169

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 671

FILED MAR 27 1961

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Creve Coeur</u> | | c. CITY OR TOWN <u>Creve Coeur</u> | |
| Length of stay in lb <u>YRS.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2248 N. Ballas Rd.</u> | | d. STREET ADDRESS (If outside, give location) <u>2248 N. Ballas Rd.</u> | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|----------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>CONRAD WILLIAM WALTERS</u> | | | 4. DATE OF DEATH Month Day Year <u>March 9, 1961</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 12, 1887</u> | 9. AGE (last birthday) <u>74</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Young & Mueller Bakery Co.</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Conrad Walters</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gabriel</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lydia Goedecke Walters</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Lydia Walters, 2248 N. Ballas Rd.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIO SCLEROTIC HEART DISEASE</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 YR.</u> <u>6 YRS.</u> <u>6 YRS</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> | | |
| DUE TO (c) <u>CHRONIC PYELONEPHRITIS</u> | | |
| 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 type="checkbox"/> N: <input type="checkbox"/> Unknown |

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| 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. 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 10-3-56 to March 9, 1961 and last saw ^{him} him alive on March 9, 1961
Death occurred at 11:00 A on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Deedee or title) <u>Robert E Koch</u> | | 22b. ADDRESS <u>M. D. 35 N. Central</u> | 22c. DATE SIGNED <u>3/9/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Mar. 13, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Ambruster Mortuary, 6633 Clayton Rd.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-10-61</u> | 26. REGISTRAR'S SIGNATURE <u>J. W. [Signature]</u> |

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION

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 *Ernest J. Hammer*

Licensed Embalmer No. 4788

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.