

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022370

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5953**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b life	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Side Manor Nursing Home		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First FRED G. (aka Ferdinand) Middle WALTER Last		Month June 4, Day 1963 Year	
5. SEX male	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 9/29/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY wholesale tobacco & liquor	9. AGE (last birthday) 66
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Gustav Walter		13b. MOTHER'S MAIDEN NAME Amalia Schantz	
14. NAME OF HUSBAND OR WIFE Wilhelmina Eigenbrodt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-I	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Wilhelmina Walter, 4541a Varrelmann A	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis, generalized Carcinoma - Stomach-oesophagus DUE TO (b) 1-51x DUE TO (c) 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"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH over one year
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 Month, Day, Year a.m. p.m.			
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 11/8/62 to 6/4/63 and last saw him alive on June 1st, 1963 Death occurred at 2:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Price W. Powers M.D. (Degree or title)		22b. ADDRESS 6500 Chippewa (9)	22c. DATE SIGNED 6/6/63
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6/7/63	23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Missouri (State)
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 6 1963	26. REGISTRAR'S SIGNATURE Leon Smith, M.D.

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Dr. Pierce Powers,

2:30 to 5 PM Thursday - No Wed.

St. Louis Hills Med. Center
6500 Chippewa St.

VE 2-4321

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



Licensed Embalmer No. 45-20

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.