

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034208

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8715**

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 6 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Richmond Heights	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D O A, St. Lukes		d. STREET ADDRESS (If outside, give location) 7327 LaVeta Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Jennie L. Walter		4. DATE OF DEATH Month Day Year August 27th, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/16/1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ellis, Kansas Council Bluffs, Iowa
13a. FATHER'S NAME Harry Stigall		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Theodore B. Walter
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 Bernice Walter, 7327 LaVeta Ave.
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis 5 yrs.			
DUE TO (c) 4201			
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 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 s.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 1946 to 8/27/63 and last saw him alive on 8/5/63			
Death occurred at 1:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. L. Kelley MD</i>		22b. ADDRESS 5220 Washington	22c. DATE SIGNED 8/28/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/30/63	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri (State)
24. FUNERAL DIRECTOR Lupton Chapel Inc. 7233 Delmar Bly'd.		25. DATE RECD. BY LOCAL REG. AUG 28 1963	26. REGISTRAR'S SIGNATURE <i>Neal Smith MD</i>

DATE AMENDED 9-12-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF Council Bluffs, Iowa

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ 11 Ellis, Kansas

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1
2 4005
3
4 1
5 2
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7 1
8 2
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12 920
13
91

Dr. Robert Kelly
3720 Washington
8 to 10 and 2 to 4
Wednesday

Walter
City Vise

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.