

FILED JUL 21 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6248**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME OTTO CYRIL WALTER
(b) If veteran, name war No. _____
(c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Fichter 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 22, 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Automobiles

MOTHER FATHER

12. Name Albert Walter
13. Birthplace Wayne Co., Penn. (City, town, or county) (State or foreign country)
14. Maiden name Ernestine ?
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Albert C. Walter

(b) Address 5533 Palm Street

17. (a) Burial (b) Date thereof 7/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JUL 14 1944 J. F. Bradeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5057a Palm Street (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13
year 1944 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 4 1944 to July 13 1944
that I last saw him alive on July 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia
Cardiac failure
Due to _____

Due to Ca. of sigmoid colon 8+ mo.

Other conditions: Hb
(Include pregnancy within 3 months of death)

Major findings: Hb
Of operations _____
Of autopsy Obstructing Ca of Sigmoid Colon; Bronchopneumonia

Duration 1 wk
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury 0

23. Signature F R Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 7/13/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.