

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10720

1. PLACE OF DEATH

County..... Registration District No. 7011
Township..... Primary Registration District No. 5000
City St. Louis, Missouri (No. Bethesda Hospital)

File No.
Registered No. 2791
St. Ward)

2. FULL NAME Joseph A. Walter Sr.

(a) Residence, No. 2746 Lafayette Avenue, 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Walter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 23, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or min.
	<u>71</u>	<u>5</u>	<u>28</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 1

FATHER 13. NAME Joseph Walter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Hazel Zoffmann
3204 Longfellow Boulevard

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE March 24 1932

19. UNDERTAKER (ADDRESS) Which Bros
2201 S. Grand Boulevard

20. FILED May 22 1932 May E Starbuck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21st, 1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 10, 1931, to Mar. 21, 1932
I last saw him alive on Mar. 21, 1932. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma Date of onset 1930

4613
4615
Other contributory causes of importance:
1

Name of operation..... Date of.....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) E. M. Adams, M. D.
(Address) 3012 Lafayette

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. [unclear]
3012 Lafayette