

FEB 12 1938

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

1253
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis mo. Registration District No. 791
(b) Township St. Louis mo. Primary Registration District No. 1003
(c) City St. Louis mo. (d) Street No. 2609 S. Grand Registered No. 1109
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2609 So. Grand St. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mary Jane Walt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>94</u>	<u>1</u>	<u>21</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel clerk

9. Industry or business in which work was done, as saw mill, bank, etc. Hotel

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) Circleville Ohio

FATHER

13. NAME Archibald H. Walt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Mary Jane Brooks

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

17. INFORMANT (ADDRESS) Mrs. H. H. Hedberg 4963 Fontaine Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Richmond 1/31 1938

19. FUNERAL DIRECTOR (ADDRESS) Chas. A. Dail 4452 Washington St

20. JAN 30 1938 Local Registrar. J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-1938

22. I HEREBY CERTIFY, That attended deceased from Jan 1 1938, to Jan 29 1938
Last saw h. / m. alive on Jan 28 1938 Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Chronic Myocarditis

Other contributory causes of importance: 27

Name of operation..... Date of.....
What test confirmed diagnosis? Cory 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?.....
If so, specify..... (Signed) W. D. Pufferhaide M. D.
(Address) 3103 Cassual St.

WRITE PLAINLY, WITH CAPITALS. 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.

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John Ketter
Licensed Embalmer No. 3880

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.)