

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

Do not **5098**

**DEC 14 1938**

1. PLACE OF DEATH  
 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **DE. Paul Hosp.** Registered No. **1743**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Daniel C. Walters 436**  
 (a) Residence, No. **8632 Oxford Drive, St. Louis st. 8** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sophie Walters**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 31, 1887**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**50 1 16**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Traffic Mgr.**  
 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) **Missouri**

FATHER 13. NAME **Unknown Walters**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Sophie Walters 8632 Oxford Drive, St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bethany Cem.** DATE **Feb. 21, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Whehmann Hannal 1905 Union Blvd.**

20. FILED **FEB 18 1938** **J. Bredeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 17 1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **Feb 6 1938** to **Feb 17 1938**  
 I last saw him alive on **Feb 17 1938** Death is said to have occurred on the date stated above, at **10:40** a.m.  
 The principal cause of death and related causes of importance were as follows:

**hemiplegic disorder**  
**relief only**  
 Date of onset

Other contributory causes of importance:  
**MI**

Name of operation **Pulvic intubation** Date of **Feb 10 1938**  
 What test confirmed diagnosis? **diurnal** 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? **L** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **L**  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify **7700th P. Zimmerman**, M. D.  
 (Signed) **379 Westminster Pl**  
 (Address)

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.

3701 ~~W. Estabrook~~  
Sheet 2

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

**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.)**