

226D MAY 10 1939

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

791
1008

12393
Do not use this space.

Registered No. 3735

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City of St. Louis / (d) Street No. 1736 Waverly Place St.
(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

(a) Residence, No. 1736 Waverly Place St. 23 (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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE of Husband of Nettie V.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Engineer
9. Industry or business in which work was done, as 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) Beaver Dam (STATE OR COUNTRY) Wisconsin 1

13. NAME John Wolter 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Unknown 6

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

17. INFORMANT Nettie V. Wolter (ADDRESS) 1736 Waverly Place

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE 4/24/39 19

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin (ADDRESS) 2301 Lafayette Avenue

20. FILED APR 22 1939 J. B. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20/39 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 - 1938, to about March, 1939. I last saw him alive on April 7/10, 1939. Death is said to have occurred on the date stated above, at 7:15 P.M. The principal cause of death and related causes of importance were as follows: Angina pectoris N

Other contributory causes of importance: [Signature]

Name of operation..... Date of.....
What test confirmed diagnosis clinical case 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) D. O. [Signature] M. D.
(Address) 5938 N. [Signature]

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.

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

L. R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2377 Lafayette

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, above space should be left blank.