

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.

REC'D AUG 11 1939

791
1003

Registration District No. _____ Primary Registration District No. _____

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: Firmin Desloge Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 1 day
years, months or days)

3. (a) PRINT FULL NAME Linda Walters 436

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adolph Walters 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct 13 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Steelville, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name August Buescher

18. Birthplace Wine Hill Ill
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Walters

15. Birthplace Wine Hill Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adolph Walters

(b) Address Steelville, Ill

17. (a) Removal (b) Date thereof 7-7-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville, Ill

18. (a) Signature of funeral director Wedge Funeral Home,

(b) Address St. Louis, Mo Chester, Illinois.

19. (a) JUL 6 1939 (b) J. B. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Steelville, Ill [WR]
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1939 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from May 1939, 19____, to July 4th 1939
that I last saw her alive on July 3 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage
Non tubercular
Due to Congenital Cystic disease of lungs
Due to non malignant

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 1146

22. If death was due to external causes, fill in the following:
(a) 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? _____

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

23. Signature Charles Ehlers (M. D. or other)
Address 3987 Wilmington Date signed 7/6/39

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Howard H Rowland*

Licensed Embalmer No. *311K*

P. O. Address *St Louis, Mo*

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.