

STANDARD CERTIFICATE OF DEATH

NOV 16 1940 791
Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6952 HANCOCK 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community 30 YEARS

3. (a) PRINT FULL NAME HENRY GEORGE WALZ

3. (b) If veteran, name war NO.

3. (c) Social Security No. 492-10-397

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELIZABETH CLARK WALZ 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JUNE 10 - 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 3 25 — hr. — min.

9. Birthplace BOONEVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business LACLEDE GAS.

MOTHER FATHER { 12. Name NICHOLAS WALZ 0

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name JULIA BRIENHAUSEN

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Clark Walsh

(b) Address 6952 Hancock Ave

17. (a) Burial (b) Date thereof Oct 8 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM

18. (a) Signature of funeral director Parker Land Co

(b) Address Webster Jones Bldg

19. (a) OCT 8 1940 (b) J. J. [Signature]
(Data received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town ST LOUIS 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6952 HANCOCK
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5th year 1940 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept. 1st, 1939, to Oct. 5, 1940 that I last saw him alive on Oct. 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia and Myocardial Insufficiency Duration 3 days

Due to Chronic Glomerular Nephritis (Nephrosis) 11 mo.

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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

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 A. T. Quinn (M. D. or other)
Address 6917 Filer Ave Date signed 10/7/40

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 *Orvin B. Lang*
Licensed Embalmer No. *6581*
P. O. Address *Wester Grove*

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, fact should be so stated above.