

FEB 25 1941
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1 0 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days
(Specify whether years, months or days)

In this community 54 YEARS

3. (a) PRINT FULL NAME Amelia Walter

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. FEMALE 5. Color or race WHITE 6. (a) Single, Widow, married, divorced, Widow

6. (b) Name of husband or wife William Walter 6. (c) Age of husband or wife if alive 1875 years

7. Birth date of deceased Nov. 13th 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>20</u>	hr. min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife.

12. Name Frank Bena

13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Walter

(b) Address 4241 A Iowa Ave.

17. (a) Burial (b) Date thereof Jan 6th/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FREEDEN

18. (a) Signature of funeral director Thornton J. Son

(b) Address 2906 Gravois Ave.

19. (a) JAN 4 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 157
(If outside city or town limits, write "RURAL")

(d) Street No. 4241 A IOWA AVE. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 54 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3, year 1941 hour 2:20 minute..... P.A.M.

21. I hereby certify that I attended the deceased from December 24, 1940 to January 3, 1941; that I last saw h. ET alive on January 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardium non syphilitic

Due to Acute pericardium 4-5 hrs.

Due to Arteriosclerosis

Other conditions 9/6
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy As above

Duration

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?.....

23. Signature J. H. Wallace (M. D. or other) 0
Address 1515 Lafayette Ave. Date signed 1-3-41

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.....

Thorndyke....., Registered Apprentice No.....
working under my personal supervision.

Signed *Thorndyke*.....

Licensed Embalmer No. *1619*

P. O. Address *2906 Graves*

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.