

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5073**
Registrar's No. **1321**

REGISTRATION DISTRICT NO. **791**

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:
3313 St. Vincent
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME **Lottie Jane Wishon WALTHER**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **497-03-1640**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Jesse** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 29 1889**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | 51 | 10 | 9 | hr. _____ min. |

9. Birthplace **Oknee / Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstresses**

11. Industry or business _____

MOTHER FATHER { 12. Name **Stephen Gould**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Opal Medley**

(b) Address **1185 Simmons Av. Kirk, Mo.**

17. (a) **Removal** (b) Date thereof **2/9/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fredericktown, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **FEB 9 1941** (b) **J. H. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3313 St. Vincent**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **7**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **June 27 1940** to **Feb 7 1941** that I last saw _____ alive on **Feb 7 1941** and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia of unknown origin

Due to _____

Due to _____

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

Duration

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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) _____
Means of injury _____

23. Signature **J. H. Brudick** (M. D. or other) _____
Address **1440 E. Grand** Date signed **2/9/41**

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. Elford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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.