No. 2
1-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5186

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 1434

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: Missouri Baptist Hosp ()
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7537 Ahrens Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME Michael B. Walters
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Belle Walters
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April (Month) 10 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
65	10	2	hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation General Contractor
11. Industry or business
FATHER
12. Name William Walters
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Alice Corliss
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant Mrs. Belle Walters
(b) Address 7537 Ahrens, U. City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cem.
18. (a) Signature of funeral director Louis H Popp Dir
(b) Address Kirkwood, Mo.
19. (a) FEB 13 1941 (Date received by local registrar) (b) J. N. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from Jan 25, 1941, to Feb 12, 1941; that I last saw him alive on Feb-12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Traumatic Aneurism of Popliteal Artery
Due to: Injury Sprain
Due to: Severe infection followed injury
Other conditions: Good health prior to accident
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operation: Found aneurism of Popliteal Artery
Of autopsy: No

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) Accident
(b) Date of occurrence Feb 2-1941 about 4 PM
(c) Where did injury occur? 7537 Ahrens St. Louis Co. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While working on Job (Specify type of place)
While at work? No (e) Means of injury Tractor (tractor)
23. Signature J H Hale (M. D. or other)
Address 4903 Delmar Date signed Feb 13-41

(Licensed Embalmer's Statement on Reverse Side)

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.