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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11667  
Registrar's No. 53

Registration District No. 677 Primary Registration District No. 4403

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

1. PLACE OF DEATH: Phelps Co.  
(a) County  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Ellen Waltz  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 2, 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 26  
If less than one day hr. min.

9. Birthplace St Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business  
12. Name Joseph Waltz  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Brock  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Anton Waltz (Brother)  
(b) Address Rolla Mo R.F.D.

17. (a) Burial (b) Date thereof 3/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Mrs Harry McCaw  
(b) Address Rolla Mo

19. (a) 3-2-41 (b) Jos. F. Cyers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Phelps 81  
(c) City or town Rolla - Rural 2  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 28  
year 1941 hour 5:00 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Jan 1  
1941, to Feb 28, 1941  
that I last saw her alive on Feb 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage 2 da  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Semipr  
(Include pregnancy within 3 months of death)

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?  
U-10 (Specify type of place)  
While at work? (e) Means of injury \_\_\_\_\_  
23. Signature E. E. Ford (M. D. or other) \_\_\_\_\_  
Address Rolla Mo Date signed 3-15-41

RECEIVED

District Health Officer No. 5,

District File Number 441 568

Date Filed \_\_\_\_\_

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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 L. J. McCaw

Licensed Embalmer No. 3953

P. O. Address Rolla

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

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