

S. No. 2  
 1-4-41  
 5-17-39  
 X26390

16781

4804

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

FILED JUN 15 1942  
 Registration District No. 791

Primary Registration District No. 1003

00  
 12  
 9

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:  
4013 North Broadway /  
 (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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4013 N Broadway  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lambert Walther  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 31  
 year 1942 hour 12 minute 30 P.M.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Sophie  
 6. (c) Age of husband or wife if alive decd years  
 7. Birth date of deceased June 29 1849  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 11  
1942 to May 31 1942  
 that I last saw him alive on May 29 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 92 Months 11 Days 2  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death June of leukemia Duration 9 years  
 Due to auricular fibrillation 10 yrs  
 Due to myeloid metaplasia 10 yrs

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Retired President

Major findings: Of operations no operation  
 Of autopsy no autopsy  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business Luke Coal Co.  
 12. Name Emmi Lambert Walther  
 13. Birthplace Alsace-Lorraine  
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Groh  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Lambert Walther  
 (b) Address 1105 Commerce Building  
 17. (a) Burial (b) Date thereof 6-2-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_

(c) Place: burial or cremation Friedens  
 18. (a) Signature of funeral director A. Kron L. O. Co.  
 (b) Address 2707 N. Grand Blvd

23. Signature Wm T Steger D. or other \_\_\_\_\_  
 Address 819 Angelical Date signed June 1 1942

19. (a) W. J. Bredeck (b) J. F. Bredeck  
 (Date of local registration) (Registrar's signature)

844 (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: *Paul H. Groenber*  
Licensed Embalmer No. *7631*  
P. O. Address: *2207 N. Grand Blvd*

**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.**