V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11568

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 621

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

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Jefferson Barracks
(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 (Specify whether years, months or days) Eleven (11) months and Eight (8) days

2. USUAL RESIDENCE OF DECEASED:
(a) State Minnesota (b) County Morrison
(c) City or town Little Falls
(If outside city or town limits, write "RURAL")
(d) Street No. - - -
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter J. Walters
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bernice Walters
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased December (Month) 13 (Day) 1913 (Year)

8. AGE: Years	Months	Days	If less than one day
29	3	1	- - hr. - - min.

9. Birthplace Little Falls (City, town, or county), Minnesota (State or foreign country)
10. Usual occupation Farmer
11. Industry or business - - -
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) ? (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ? (State or foreign country)
16. (a) Informant Service Record
(b) Address Sta Hosp, Jefferson Bks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Royalton Minn
18. (a) Signature of funeral director Arms H Bopp Inc
(b) Address Kirkwood, Mo
19. (a) MAR 17 1943 (Date received local registrar) (b) C. W. McDonnell M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day Fourteenth year 1943 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from - - -, 19..., to - - -, 19...;
that I last saw him alive on - - -, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis, cerebrospinal, acute	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Confirmed above	

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? (Specify type of place)
While at work?
23. Signature George L. [illegible], 1st Lt MC (M. D. or other) MD
Address Sta Hosp, Jefferson Bks, Mo Date signed March 15, 1943

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(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.....

Licensed Embalmer No. 921

P. O. Address Kirkwood, Mo

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.