

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1159

1. PLACE OF DEATH:

(a) County.....  
(b) City or town Saint Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Alexian Brothers Hospital.  
(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 Irwin L. Walther Sr.

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Helena Walther 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased. September 29th, 1878.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>3</u>	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business.....

MOTHER FATHER { 12. Name Charles F. Walther

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

14. Maiden name Unknown

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

16. (a) Informant Leonard Walther

(b) Address 5709 Gresham Ave.

17. (a) Burial (b) Date thereof Feb. 5th, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Ziegenhain Bros.  
(b) Address 6408 Gravois Ave.

19. (a) FEB 5 1944 (b) J. F. Madach  
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 17  
(c) City or town Saint Louis,  
(If outside city or town limits, write "RURAL") 92  
(d) Street No. 5709 Gresham Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd,  
year 1944. hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan. 22, 1944, to Feb. 2, 1944  
that I last saw him alive on Feb. 1, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 5 days

Due to Fecal Obstruction of bowels 6 days

Due to Uræmia 5 days  
Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131  
Of operations.....  
Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. M. Kinner (M. D. or other)  
Address 3014 S. Jefferson Date signed Feb 2 1944

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

**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 V. E. Morris

Licensed Embalmer No. 3360

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.**