S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9567

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3186

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: Carrie Gietner Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 7/5
(If outside city or town limits, write "RURAL")

(d) Street No. 5523 Virginia Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Augusta Walter

3. (b) If veteran, name war -

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Anton Walter

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased May (Month) 12 (Day) 1864 (Year)

8. AGE: Years 79 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Friderick Hartmann
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louisa Rethmeier
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Thomas Gabbert
(b) Address 5523 Virginia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Wacker-Helderle Co.
(b) Address 3634 Gravois Ave.

19. (a) APR 5 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 rd. year 1944 hour 5 minute 50 P M.

21. I hereby certify that I attended the deceased from Nov 25, 1947 to April 3, 1944 that I last saw her alive on Apr. 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation Cardiac hypertrophy

Due to Obstructed Jaundice

Due to Umbilical Hernia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

122

Duration

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? (e) Means of injury

23. Signature L. C. Kirchmroeder (M. D. or other)

Address 5000 S. Broadway Date signed 4/4/44

(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. 2178

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.