

FILED JUL 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14302
20393

State File No.

6095

Registration District No.

Primary Registration District No.

Registrar's No.

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
In this community 63 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3902 Itaska
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES. FREDERICK WALLERSTEDT.

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

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, separated
(b) Name of husband or wife Elizabeth Catherine Mueller
(c) Age of husband or wife if alive - - years
7. Birth date of deceased 5 (Month) 1 (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Gunnebo Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation Leather Goods

11. Industry or business Saddlery Business

MOTHER FATHER { 12. Name Nils Frederick Wallerstedt
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Charlotte Stenstrom
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Windsheimer
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/44
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director J. F. Brudeck
(b) JUL 9 1944 9027 Grayo's Ave.

19. (a) (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 6th day
year 1944 hour 7:40 minute _____ P.M. _____

21. I hereby certify that I attended the deceased from February 15th; 19 44 to July 6th; 19 44
that I last saw him alive on July 6th; 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery occlusion

Due to Hypertensive cardio vascular disease

Due to Ben. arteriosclerosis

Other conditions Cirrhosis of liver (alcoholic)
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Not permitted

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)
(c) Means of injury _____

23. Signature Home A Sweetman M.D.
Address 5800 Arsenal St Date signed 7-7-44

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..... *C. P. Kidwell*.....

Licensed Embalmer No. *3877*.....

P. O. Address..... *7027 Gravois*.....

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.