

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

**FILED** APR 13 1946  
318

State File No. \_\_\_\_\_  
Registrar's No. **3178**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**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:  
**St. Louis City Hospital** *d*  
(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 \_\_\_\_\_ *0-0-0*  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") *5/17*  
 (d) Street No. **5746 Vernon Ave.**  
(If rural, give location) *9/10*  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **George Walen**

**3. (b) If veteran,** name war **Sp. - Amer.** **3. (c) Social Security No.** **Unknown**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **3**  
 year **1946** hour **3:15** minute **P.** M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**4. Sex** **Male** *0* **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Divorced**

**6. (b) Name of husband or wife** **Unknown** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **February 22 1873**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

*Cerebral Jaundice*  
*83*

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>1</b>	<b>11</b>	_____ hr. _____ min.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**9. Birthplace** **Unknown Missouri** *0*  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Unemployed**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Matthew Walen**

**13. Birthplace** **Unknown Unknown** *9*  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Mary Unknown**

**15. Birthplace** **Unknown Unknown** *4*  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Elizabeth Weisenborn** *1*  
 (b) Address **5746 Vernon Ave.**

**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? \_\_\_\_\_

**17. (a) Burial** (b) Date thereof **4-6-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

**18. (a) Signature of funeral director** **Albert H. Hoppe**  
 (b) Address **4700 Washington Blvd.**

**19. (a) APR 5 1946** (b) *Shedesh*  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury **3**

**23. Signature** *Patrick P Taylor* (M. D. or other)  
 Address *Deputy Coroner* Date signed *4-5-46*

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

14158

**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 *Henry M Brammer*

Licensed Embalmer No. *4200*

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.**