

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

28237

Registration District No. 317 Primary Registration District No. 3069 State File No. 1681 Registrar's No. 1681

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Mary's Hosp.
(d) Length of stay: _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(d) Street No. 2005 Alameda Ave.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Grace K. Walter
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry P. Walter
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept 27 1893

8. AGE: Years Months Days If less than one day
52 10 13 hr. min.

9. Birthplace St. Louis Missouri

10. Usual occupation House wife

11. Industry or business _____

12. Name Frank M. King
13. Birthplace St. Louis, Missouri

14. Maiden name Catharine Sullivan
15. Birthplace St. Louis, Missouri

16. (a) Informant Harry P. Walter
(b) Address 2005 Alameda Ave.

17. (a) Burial (b) Date thereof 8-13-46
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester Ave.

19. (a) 8-14-46 (b) D. M. Larranaga
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th year 1946 hour 3 minute A M.
21. I hereby certify that I attended the deceased from July 12 46 to Aug 10 46
that I last saw her alive on Aug. 9 1946, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of left ovary -
Due to 49a

Other conditions _____
Major findings: Adeno-carcinoma of left ovary & generalized metastatic

Of autopsy _____
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? _____
(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 _____
Signature Daniel H. Manston (M. D. or other) _____
Address 607 N Grand Date signed 8/10/46

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.....

J. Allen Davis Jr

Licensed Embalmer No. *4053*

P. O. Address *St Louis*

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.