No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43078

Primary Registration District No. 1003

Registrar's No. 11030

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Yrs. 8 Mo. 25 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5800 Arsenal St.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRED WALTER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 26 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	7	26	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Carpenter Helper.

11. Industry or business

FATHER
12. Name Fred Walter
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Rose Hans.
15. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.,

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/24/46 (Month) (Day) (Year)

(c) Place: burial or cremation OLD ST. MARCUS CEM.

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 Gravois

19. (a) DEC 23 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 nd. year 1946 hour 7:10 minute P.M.

21. I hereby certify that I attended the deceased from July 2nd, 1945, to December 22, 1946 that I last saw him alive on December 22, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio vascular degeneration	1944 pl.
Due to Organic brain disease	1946 pl.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93

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 0

23. Signature Palmer Romaine Bowhill (M. D. or other)

Address Date signed 12-23-46

(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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

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.