

S. No. 2
1-12-45
v. 5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15880**
Registrar's No. **863**

FILED APR 25 1947
Registration District No. **3**

Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights

(c) Name of hospital or institution: St. Mary's Hospital
(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 St. Louis

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

(d) Street No. 4681 Farlin Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Walpen

3. (b) If veteran, name war -

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1947 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 25
1947 to April 13 1947
that I last saw h. 1m alive on April 12 1947
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Josephine Kaemmerer Walpen

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

7. Birth date of deceased August 17 1863
(Month) (Day) (Year)

Immediate cause of death _____
Chronic Myocarditis
Due to Chronic Interstitial nephritis
Due to 131-a

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Butcher

11. Industry or business _____

12. Name (?) Walpen

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

14. Maiden name (?) Tyler
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dorothy Walpen

(b) Address 4681 Farlin Ave.

17. (a) Burial (b) Date thereof 4/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll
4600 Natural Bridge Ave.

(b) Address _____

19. (a) 4-17-47 (b) Cecil J. [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature D. A. [Signature] (M. D. or other) _____
Address 3121 N. [Signature] Date signed 7/14

APR 25 1947

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.....

Ben Goffman

Licensed Embalmer No.....

4366

P. O. Address.....

Lewis, 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.