No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

W. Walther

State File No. 43760

FILED DEC 31 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2658

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3209-Calvert Avenue
(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 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 3209-Calvert Avenue 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jean Burnett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Herbert A

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June (Month) 21 (Day) 1874 (Year)

8. AGE: Years 75 Months 5 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Humphreys
13. Birthplace (City, town, or county) Ga. (State or foreign country)

MOTHER
14. Maiden name Millie Lord
15. Birthplace Commerce (City, town, or county) Ga. (State or foreign country)

16. (a) Informant Herbert A. Burnett
(b) Address 3209-Calvert Ave-Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Barmann Bros Inc.
(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 12-23-47 (Date received local registrar) (b) Cecil A. J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1947 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 17, 1947 to Dec. 20, 1947; that I last saw her alive on Dec. 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Pneumonia	2 days
Due to: Myocarditis	years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 Roy A Walther (M. D. ~~or other~~)
Address 2438 Woodson Rd. Overland 14 Mo. Date signed 12-23-47

Jefferson City Printing Co. (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 3457

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, M

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.