

FILED APR 30 1948 **318**
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County..... **St Louis**
(b) City or town..... **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4561 Flad** ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Mo** (b) County..... **ood**
(c) City or town..... **St Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No..... **4561 Flad** **9**
(If rural, give location)
(e) Citizen of foreign country?..... **17** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Louis Dauwalter**
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **18**
year..... **1948** hour..... **12** minute..... **30** A. M.

4. Sex..... **MO** 5. Color or race..... **W**
6. (a) Single, widowed, married, divorced..... **M**
6. (b) Name of husband or wife..... **Margaret**
6. (c) Age of husband or wife if alive..... **44** years
7. Birth date of deceased..... **Dec 29 1908**
(Month) (Day) (Year)

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.
Immediate cause of death.....

8. AGE: Years Months Days If less than one day
39 **3** **19** hr. min.

Due to..... **Bilateral Lobar Pneumonias**
Due to..... **100**
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... **St Louis Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **Office Worker**

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business.....
12. Name..... **Louis Dauwalter** **H**
13. Birthplace..... **Germany** **1**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Sophie Wentz**
15. Birthplace..... **St Louis Mo** **2**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Margaret Dauwalter**
(b) Address..... **4561 Flad**
17. (a) **Burial** (b) Date thereof..... **4/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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?..... Means of injury.....
23. Signature of physician..... **Patrick E. Taylor, M.D.**
Address..... **1300 Clark** Date signed..... **4-21-48**

(c) Place: burial or cremation..... **Old St Marcus Cemetery**
18. (a) Signature of funeral director..... **J L Ziegenhein & Sons**
(b) Address..... **7027 Gravois**
19. (a) **APR 21 1948** (b) **J. F. Bruck**
(Date received local registrar) (Registrar's signature)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.