

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No. 14254
3782
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6003 Maple Ave.</u> | | d. STREET ADDRESS (If rural, give location) <u>6003 Maple Avenue.,</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>E.</u> c. (Last) <u>Walters</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1949</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>August 22, 1898</u> |
| 9. AGE (In years last birthday) <u>90</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 60 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Albert Riggs</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown Penoyer</u> | 14. NAME OF HUSBAND OR WIFE <u>Paul Walters</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Nil</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Rosenberger-6003 Maple</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Seriously, Cardiac Vascular disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | |
| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u> (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>93</u> (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> m. | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4221</u> | |
| 22. I hereby certify that I attended the deceased from <u>6/1</u> , 19 <u>40</u> , to <u>4/26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/26</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Jimmie D. Pugh</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>6125 Burbank</u> | 23c. DATE SIGNED <u>4/7/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>4/27/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Godfrey</u> | 24d. LOCATION (City, town, or county) (State) <u>Alton, Illinois</u> |
| DATE REC'D BY LOCAL REG. <u>APR 27 1949</u> | REGISTRAR'S SIGNATURE <u>Dr. B. S. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe-4700 Washington</u> ADDRESS | |

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Clara T. Sadwell

Licensed Embalmer No. *4077*

Signed.....
Student Embalmer

P. O. Address.....

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.