

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22196
State File No. _____
Registrar's No. 1228

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|--|-------------------------------|---|---|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>6076</u> | | Registrar's No. <u>1228</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>6076</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Manchester</u>) | | c. LENGTH OF STAY (In this place) <u>1 month</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>2904 So. 11th St.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Home #2</u> | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> | | | b. (Middle) _____ | | c. (Last) <u>Walthers</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1949</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>Feb. 22, 1875</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ 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 _____ | | 11. BIRTHPLACE (State or foreign country) <u>Warren Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |
| 13a. FATHER'S NAME <u>William Engel</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Caroline Schlanker</u> | | 14. NAME OF HUSBAND OR WIFE <u>Oscar Walthers</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Mrs. George Engel, Warrenton, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1400 X 930</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) _____ | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | |
| 22. I hereby certify that I attended the deceased from <u>April 18, 1949</u> , to <u>May 16, 1949</u> , that I last saw the deceased alive on <u>May 16, 1949</u> , and that death occurred at <u>4:45 p. m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>A. L. Merklin M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>3507 P. St.</u> | | 23c. DATE SIGNED <u>5-17-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-19-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-17-49</u> | | REGISTRAR'S SIGNATURE <u>Heinrich Lunge</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u> | | | | |

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

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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edouard H. Remelius

Licensed Embalmer No. 4283

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.