

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43056

State File No.

10792

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. <u>1003</u> | | Registrar's No. <u>10792</u> | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>all</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>3329 Williams Pl.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3329 Williams Pl.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Louis</u> | | b. (Middle) <u>David</u> | | c. (Last) <u>Walter</u> | |
| 4. DATE OF DEATH <u>Dec. 14, 1949</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Feb. 13 1875</u> | | 9. AGE (In years last birthday) <u>74</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Metal Polisher</u> | | 11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Mo.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Metal Polisher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u> | |
| 13a. FATHER'S NAME <u>Jacob Walter</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Huffman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rosa A. Walter</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>494-09-3058</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosa A. Walter, 3329 Williams Pl.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u> | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Pneumoconiosis</u> <u>Cerebral disease of unknown type</u> | | 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>95th</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>fall</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct. 10</u> , 19 <u>47</u> , to <u>Dec. 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec. 14</u> , 19 <u>49</u> , and that death occurred at <u>3:00 P.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Raymond Reichman M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Barnes Hospital,</u> | | 23c. DATE SIGNED <u>12/15/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-17-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>DEC 15 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lasater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral, 1905 Union Blvd.</u> | | | |

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

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.

Student

Student Embalmer

Signed

Albert R. Thompson Jr

Licensed Embalmer No.

4237

P. O. Address

St. Louis

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.