

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3310

State File No. \_\_\_\_\_  
Registrar's No. **00003**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <b>00003</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>St. Louis Heights Mo.</b>		b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Richmond Heights</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>2079</b>	
c. LENGTH OF STAY (In this place) <b>2 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>1 OR TOWN St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>4032 Shreve Ave.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		3. NAME OF DECEASED		4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <b>Louis</b>		b. (Middle) <b>P.</b>		c. (Last) <b>Walters</b>		Month Day Year <b>Jan I 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept 3 1894</b>	
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Fred Walters</b>		13b. MOTHER'S MAIDEN NAME <b>Della Vasser</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Walters</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mae Burns 4032 Shreve Ave St. Louis Mo.</b>			
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) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>No previous basis known</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
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)		<b>420.1</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>Dec 25, 1949</b> , to <b>Jan 1, 1950</b> that I last saw the deceased alive on <b>Jan 1, 1950</b> , and that death occurred at <b>4:10 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Rabusella</b>		23b. ADDRESS <b>m. 411 3720 Washington</b>		23c. DATE SIGNED <b>1/3/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 4, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-3-50</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Pollock</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Street &amp; Carroll 4600 Nat'l Bridge</b>			

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*J. Allen Davis*  
.....  
Licensed Embalmer No. *40530*

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.