

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28830

State File No. 7248

FILED AUG 25 1951

318

1003

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2179</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2325 MINNESOTA AV</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u>		b. (Middle)		c. (Last) <u>WALSER.</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 12-51</u>		5. SEX <u>FE</u> / 6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>M.</u>		8. DATE OF BIRTH <u>NOV-1-1874</u>		9. AGE (In years last birthday) <u>76 YRS.</u>
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>SPRINGFIELD MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN STEURY</u>		13b. MOTHER'S MAIDEN NAME <u>SUSANA ?</u>
14. NAME OF HUSBAND OR WIFE <u>LOUIS T. WALSER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <u>Louis T Walser</u>		ADDRESS <u>2325 Minnesota</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of femur - arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH  ANCECEDENT CAUSES <u>Cerebral hemorrhage</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) <u>yes</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis E 903 0/21</u>
21d. TIME OF INJURY (Month) (Day) (Year), (Hour) <u>July 21, 57 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on down lead</u>
22. I hereby certify that I attended the deceased from <u>Jan 1950</u> to <u>Aug 12, 1951</u> , that I last saw the deceased alive on <u>Aug 12, 1951</u> , and that death occurred at <u>11:20 AM</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R. Beynon</u>		23b. ADDRESS (Degree or title) <u>3203 S Grand St</u>		23c. DATE SIGNED <u>8-15-51</u>
24a. DATE OF CREMATION <u>AUG 14 1951</u>		24b. DATE <u>AUG-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI Crematory</u>
24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schurz</u> ADDRESS <u>3125 Lafayette A</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 \_\_\_\_\_

.....  
working under my personal supervision.

Student embalmer No. ....

Signed \_\_\_\_\_

*Ben Coffman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *27366*

P. O. Address. *Haris, 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.