

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10722**
Registrar's No. **2976**

FILED APR 12 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE - Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3312 Illinois		d. STREET ADDRESS (If rural, give location) 24 3312 Illinois	
3. NAME OF DECEASED a. (First) Edward b. (Middle) W. c. (Last) Walther		4. DATE OF DEATH (Month) (Day) (Year) Mar. 28 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13 1881
9. AGE (In years) (Month) (Day) (Year) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Moulder	
11. KIND OF BUSINESS OR INDUSTRY American Car		12. CITIZEN OF WHAT COUNTRY? St. Louis Mo.	

13a. FATHER'S NAME Henry Walther	13b. MOTHER'S MAIDEN NAME Louise Schrupf	14. NAME OF HUSBAND OR WIFE Mamie Walther
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.	17. INFORMANT'S SIGNATURE OR NAME Mamie Walther 3312 Illinois

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>4 hrs -</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertension</u>		<u>5 days -</u> <u>6 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
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? <u>331X</u>

22. I hereby certify that I attended the deceased from 2-1- 1952, to 3-29- 1952, that I last saw the deceased alive on 3-29- 1952, and that death occurred at 12 30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. F. Murray</u>	(Degree or title)	23b. ADDRESS <u>605 A - Russell</u>	23c. DATE SIGNED <u>3-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>3-31-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>

DATE REC'D BY LOCAL REG. <u>MAR 31 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u>	ADDRESS <u>3013 Meramec</u>
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Jack Waupst

Signed.....

Student Embalmer

Licensed Embalmer No. 4746

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.