

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26454

State File No. ....

FILED JUL 31 1952

7075

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE					
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3917 SHAW</b>				d. STREET ADDRESS (If rural, give location) <b>17 3917 SHAW BLV.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUSTA</b>			b. (Middle) <b>WALTER</b>			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <b>JULY-21-52</b>			5. SEX <b>FE</b>		6. COLOR OR RACE <b>W.</b>				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY?			
<b>W 2</b>		<b>AUG-26-1873</b>		<b>78 YRS.</b>		<b>U.S.A.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE.</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>GERMANY 4</b>			
13a. FATHER'S NAME <b>UNKNOWN WOLLENBERG</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>ADOLPH WALTER</b>			
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 ADDRESS <b>Louis J. Walther 7450 AMHERST</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>Myocardial Failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Died suddenly</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>				<b>years</b>	
				DUE TO (c) <b>Diabetes Mellitus</b>				<b>years</b>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>			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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>260X</b>					
22. I hereby certify that I attended the deceased from _____, 19 <u>50</u> , to <u>7/21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7/21</u> , 19 <u>52</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Louis J. Walther M.D.</b>				23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>7/27/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>JULY-23-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MISSOURI CREMATORY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>			
DATE REC'D BY LOCAL REG. <b>1952 2.3</b>			REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. J. Schner 3125 Lafayette av</b>			

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

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[AUG 27 1953

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 M. W. Ruter

Licensed Embalmer No. 4865

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.