

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **37319**

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2807

4009

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Riverview Gardens,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park,	
c. LENGTH OF STAY (in this place) 1 YEAR		d. STREET ADDRESS (If rural, give location) Box 143, Route #1.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10041 Northgate Drive			
3. NAME OF DECEASED a. (First) Irene b. (Middle) T. c. (Last) Walters			4. DATE OF DEATH (Month) (Day) (Year) Oct, 30, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June-1, 1899
9. AGE (in years last birthday) 53		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME August Holstein		13b. MOTHER'S MAIDEN NAME Catherine Lynch	14. NAME OF HUSBAND OR WIFE Mr. Louis G. Walters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis G. Walters, Box 143, Rout #1.
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs	
*This does not mean the mode of dying such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Mammary Carcinoma 7 yrs	
		DUE TO (c) Advanced Ca of Breast 19 yrs	
II. OTHER SIGNIFICANT CONDITIONS		170X	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma Rt Breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 5/24/45 , to 10/30/52 , that I last saw the deceased alive on 10/20 , 1952, and that death occurred at 7:15 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE Herbert P. Donker (Degree or title)		23b. ADDRESS 3606 Grannis	23c. DATE SIGNED 10/31/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-3-1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 11-1-52	REGISTRAR'S SIGNATURE Herbert P. Donker	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.	

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 Clarence McNeary

Licensed Embalmer No. 3732

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.