

STANDARD CERTIFICATE OF DEATH

XC None  
REG #115791

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JEFFERSON BARRACKS		c. CITY OR TOWN EAST ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 12 DAYS		e. STREET ADDRESS (If rural, give location) 432 NORTH SEVENTH STREET 8120 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle)		c. (Last) WALDEN		4. DATE OF DEATH (Month) (Day) (Year) 1-7-54	
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 5-8-1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTING		10b. KIND OF BUSINESS OR INDUSTRY PAINTING CONTRACTOR		11. BIRTHPLACE (City and State or Foreign Country) HEBBARDSVILLE, KY.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME NATHAN WALDEN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	
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) PULMONARY CONGESTION		INTERVAL BETWEEN ONSET AND DEATH	
*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 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PERITONITIS 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)		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) VA m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 576x	

22. I hereby certify that I attended the deceased from 12-26-53, 19\_\_, to 1-7-54, 19\_\_, and that death occurred at 9:55P m., from the causes and on the date stated above.

23a. SIGNATURE James J. Seeley MD JAMES J. SEELEY MD		23b. ADDRESS VAH JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 1-8-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-8-54		24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) BELLEVILLE, ILL.	
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DATE REC'D BY LOCAL REG. 1-8-54		REGISTRAR'S SIGNATURE Herbert R. Donke		FUNERAL DIRECTOR'S SIGNATURE Geo M Bruchler Jr.		ADDRESS East St Louis Ill.	
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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ben A. Baldwin*.....

Licensed Embalmer No. *242*

P. O. Address *E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.