

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10505**
Registrar's No. **2881**

FILED APR 2 1954

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 Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital		e. STREET ADDRESS (If rural, give location) 3554 Victor St.			
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)		b. (Middle)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Aug. 23, 1874	
11. BIRTHPLACE (City and State or Foreign Country) Elsah, Ill.		9. AGE (In years last birthday) 79			
12. CITIZEN OF WHAT COUNTRY?		4. DATE OF DEATH (Month) (Day) (Year) Mar. 29 1954		17/ 217/0	

13a. FATHER'S NAME ANTON HANKHAUS		13b. MOTHER'S MAIDEN NAME HANNA HANZELLNER		14. NAME OF HUSBAND OR WIFE Late Thomas S. Walrond	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Thomas Walrond	
				ADDRESS 19 Clayton Terrace	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Broncho Pneumonia		ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxic nephritis & uraemia since 3-14-54 DUE TO (c) acute Cholelithiasis & suppurative since 3-14-54				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute hepatitis since 3-14-54	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		584X	
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 **3-13-54**, 19**54**, to **3-29-54**, 19**54**, that I last saw the deceased alive on **3-29-54**, 19**54**, and that death occurred at **11:50 AM.**, from the causes and on the date stated above.

23a. SIGNATURE J. Carl Smith M.D. (Degree or title)		23b. ADDRESS 1715 So 39th St. (10) MO		23c. DATE SIGNED 3-30-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE Apr. 1, 1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	
				24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	

DATE REC'D BY LOCAL REG. MAR 30 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		ADDRESS 4228 S. Kingshighway Bl.	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Edwin A. G. Bennett*
Licensed Embalmer No. *3024*

P. O. Address

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.