

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED **MAR 23 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 610

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> & COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Ann</b> <sup>4071</sup>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Normandy Osteopathic Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>10644 St. Francis La.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Herman</b> c. (Last) <b>Walters</b>			4. DATE OF DEATH <b>March 8 1954</b> (Month) (Day) (Year)		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 30 1911</b>		9. AGE (In years last birthday) <b>42</b>		IF UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Meat</b>		11. BIRTHPLACE (City and State or Foreign Country) / COUNTRY? <b>Kansas City Kansas U.S.A.</b>	

13a. FATHER'S NAME <b>Joseph Walters</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Seibers</b>		14. NAME OF HUSBAND OR WIFE <b>Geraldine Gunn Walters</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W.W. 2 510 07 0608</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Geraldine Walters 10644 St Francis</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>Duodenal Ulcer</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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) (Min.)		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 1-2, 1954 to 3-8, 1954, that I last saw the deceased alive on 3-8, 1954, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. H. Clark, D.O.</b>		23b. ADDRESS <b>3202 Ashby</b>		23c. DATE SIGNED <b>3-9-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 11 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Calvary Cem.</b>	
		24d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>			

DATE REC'D BY LOCAL REG. <b>3/9/54</b>		REGISTRAR'S SIGNATURE <b>Robert R. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <b>10123 St. Charles Ave. Bldg.</b>	
--	--	--	--	--	--

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

W16-9939 *Handwritten*

W16 984 *Handwritten*

APR 21 1954

MAR 29 1954

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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Charles*

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.