

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17562**

BIRTH NO. _____		REG. DIST. <b>177</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>1274</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Meramec Twsp</b>		c. LENGTH OF STAY (in this place) <b>68 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Meramec Twsp. 204000</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wild Horse Creek Rd.</b>				d. STREET ADDRESS (If rural, give location) <b>Wild Horse Creek Rd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Wm.</b> c. (Last) <b>Walter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 30, 1954</b>				
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>Jan 10, 1864</b>		9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>20</b>	IF UNDER 2 MRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Wm. Walter</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Corless</b>		14. NAME OF HUSBAND OR WIFE <b>Abigale Johnson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elmer Walter Rt 1 Chesterfield Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dissected upper abdomen</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last: <b>Ca of Blooder</b>  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.				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
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) <b>181X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <b>12-1-</b> 19 <b>53</b> , to <b>5-30</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>5-30</b> , 19 <b>54</b> , and that death occurred at <b>3:15P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Henry W. Hoover</b>				23b. ADDRESS <b>Chesterfield Mo.</b>		23c. DATE SIGNED <b>6-1-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/5/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gumbo Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Gumbo, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>6/2/54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Slomke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schrader Funeral Home Ballwin, Mo.</b>			

(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 .....  
Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballevin, 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.