

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28742

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7435

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois			b. COUNTY Madison			
b. CITY OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) township) 2 Mos.	c. CITY OR TOWN Glen Carbon		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			STREET ADDRESS none			(If rural, give location) 8120 8			
3. NAME OF DECEASED (Type or Print) a. (First) Walter			b. (Middle) Martin		c. (Last) Aljets		4. DATE OF DEATH (Month) (Day) (Year) August 10, 1954		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 26 Jun 1900		9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Madison Co., Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Herman J. Aljets			13b. MOTHER'S MAIDEN NAME Carolina Luken		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown			16. SOCIAL SECURITY NO. 330-28-2558		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Peters R.R.#2 Staunton, Illinois				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforation of small bowel					INTERVAL BETWEEN ONSET AND DEATH	
			ANTECEDENT CAUSES DUE TO (b) Perinephric abscess					abt. 1 month	
			DUE TO (c) Diabetes Mellitus Hypertensive Cardiovascular disease					Many years " "	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X					
22. I hereby certify that I attended the deceased from June 17, 1954, to August 10, 1954, that I last saw the deceased alive on Aug. 10, 1954, and that death occurred at 1:00 a.m., from the causes and on the date stated above.									
23a. SIGNATURE C. J. Williamson, M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 8-10-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12 Aug 1954	24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Madison Co., Illinois				
DATE REC'D BY LOCAL REG. AUG 11 1954		REGISTRAR'S SIGNATURE C. J. Williamson			25. FUNERAL DIRECTOR'S SIGNATURE O. D. Durrell Smith		ADDRESS Alton, Ill		

(Licensed Embalmers' 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.....
O. Derrell Smith

Licensed Embalmer No. *756*

P. O. Address *Alton, Ill.*

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.