

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35258

State File No. \_\_\_\_\_

FILED NOV 15 1955

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>15 days</u>		c. CITY OR TOWN <u>Enfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>(no street address)</u> <span style="float: right;">\$12.50</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) <u>NMN</u> c. (Last) <u>Walters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 3, 1913</u>	
9. AGE (In years last birthday) <u>42</u>		10. MONTHS <u>0</u>		11. DAYS <u>19</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>White County, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>William Walters</u>			13b. MOTHER'S MAIDEN NAME <u>Flora Kisner</u>			14. NAME OF HUSBAND OR WIFE <u>William Walters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Walters Enfield, Ill.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>			
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) <u>chronic glomerulonephritis</u>		18 years	
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) <u>593X</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>Oct. 7, 1955</u> , to <u>Oct. 22, 1955</u> , that I last saw the deceased alive on <u>Oct. 22, 1955</u> , and that death occurred at <u>12:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert M. Keyser</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>10/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/26/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Enfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Enfield--White--Illinois</u>	
DATE REC'D BY LOCAL REG. <u>OCT 24 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FEDERAL DIRECTOR'S SIGNATURE _____		ADDRESS <u>1101 Illinois East St. Louis</u>	

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. 60855 working under my personal supervision.

Student .....  
Signature of Student Embalmer

*John J. Kaszy*

Signed *John J. Kaszy* .....  
Licensed Embalmer No. 6855-

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.