

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39001

378

1003

State File No. 10319
Registrar's No.

| | | | | | | | | | | | |
|--|--|--|---|--|---|--|--|---|------------------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. 10319 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY _____ | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Mo | | | c. LENGTH OF STAY (in this place) _____ | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | 2170 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital | | | | d. STREET ADDRESS (If rural, give location) 3441 Magnolia Av. | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edward | | b. (Middle) _____ | | c. (Last) Walcher | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 24/55 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED | | 8. DATE OF BIRTH Nov. 7/1895 | | 9. AGE (in years last birthday) 60 | | IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Com. Artist | | | 10b. KIND OF BUSINESS OR INDUSTRY Art | | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? U S A | | |
| 13a. FATHER'S NAME Andrew Walcher | | | | 13b. MOTHER'S MAIDEN NAME Christina Apple. | | | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | | 16. SOCIAL SECURITY NO. WW #1 | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Tyler 3400a Chippewa | | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary disease DUE TO (c) _____ R. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 9/10/54 | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 420.1 | | | | | | 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) _____ | | | | | | |
| 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 9:00, 1954, to 11:24, 1955, that I last saw the deceased alive on 6/25, 1955 and that death occurred at 11:15 P.M., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Robert Kamin M.D. | | | | 23b. ADDRESS 3720 Washington | | | | 23c. DATE SIGNED 11/26/58 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 11/29/55 | | 24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | | | | |
| DATE REC'D BY LOCAL REG. NOV 26 1955 | | REGISTRAR'S SIGNATURE Earl Smith M.D. | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler 5611 S. Grand Blvd. | | | | | |

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

Bill Branson

Licensed Embalmer No.

4764

P. O. Address

St Louis 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.