No. 300
10.48

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

FILED MAY 17 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

19233
State File No.

BIRTH NO. REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 1044

**1. PLACE OF DEATH**
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANLEY HILLS
c. LENGTH OF STAY (In this place): 2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7804 MONROE DRIVE

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Hanley Hills
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 7804 Monroe Drive

1280

**3. NAME OF DECEASED** (Type or Print)
a. (First): VIRGINIA
b. (Middle): A.
c. (Last): WALSTROM.

**4. DATE OF DEATH** (Month) (Day) (Year): April 23, 1956

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: AUG. 13, 1885
**9. AGE** (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife
**10b. KIND OF BUSINESS OR INDUSTRY**: At home
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Peter Hopner.
**13b. MOTHER'S MAIDEN NAME**: Esther Kretchmar.
**14. NAME OF HUSBAND OR WIFE**: August A. Walstrom.
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: A.C. Rowland. Jr. — ADDRESS: 7500 Wayne Ave

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio-sclerotic heart Disease — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Chronic Nephritis — 4-5 yrs.

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☐ NO ☒

4200

**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify): X
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): X
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): X
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): no injury m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: —

22. *I hereby certify that I attended the deceased from* July *, 1955, to* Apr. 23 *, 1956, that I last saw the deceased alive on* Feb. 23 *, 1956, and that death occurred at* 8:30 A.m. *, from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. Rush McAdam, M.D.
**23b. ADDRESS**: 9060 Olive, St. Louis 1, Mo.
**23c. DATE SIGNED**: 4-23-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 4-25-1956
**24c. NAME OF CEMETERY OR CREMATORY**: Bellefontaine Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: 4-24-56
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: C.R. Lupton & Sons. 7233 Delmar Blvd;

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 386

P. O. Address St. Louis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.