

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22187**
 Registrar's No. **5612**

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY		a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 wks		e. STREET ADDRESS (If rural, give location) 541 Fassen 21570	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital			
3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Anna		b. (Middle) Walter	
(Type or Print)		June 9, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 14, 1870
9. AGE (In years) (last birthday) 86		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) None		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Carl P. Foerster	
13b. MOTHER'S MAIDEN NAME Margaret Unk		14. NAME OF HUSBAND OR WIFE Charles Walter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unk	
17. INFORMANT'S SIGNATURE OR NAME Viola Walter		ADDRESS 541 Fassen, St. Louis, Mo.	
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) <i>Infirmities of old age</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension, Arterio Sclerosis</i> DUE TO (c) <i>Heart Disease</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
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 <u>5-5, 1952</u> , to <u>6-9, 1956</u> , that I last saw the deceased alive on <u>6-9, 1956</u> and that death occurred at <u>4:50</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>C. A. Nester MD</i>		23b. ADDRESS 5600 S. Compton,	
23c. DATE SIGNED 6-11-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6-13-56	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.	
DATE REC'D BY LOCAL REG. JUN 12 1956		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

Dr Chas Neater
5600 S Compton
1263

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 *David A. Pession*

Licensed Embalmer No. *424*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.