

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36552

FILED NOV 7 - 1956

STATE FILE NUMBER 2589

Registration District No. 312 Primary Registration District No. 544 Registrar's No. 2589

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Kirkwood 4003.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hos.		d. STREET ADDRESS 1230 Dougherty Ferry	
Length of stay in lb 5Mos.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Elizabeth Last Walter			4. DATE OF DEATH Month Oct. Day 26 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1872	9. AGE (In years less birthday) 74	IF UNDER 1 YEAR Months 7 Days 14 Hours 14 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) England	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME John Sliman	14. MOTHER'S MAIDEN NAME Mary (unknown)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Wm. Walter, 1230 Dougherty Ferry Rd.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Empyema of the chest DUE TO (b) Metastatic carcinoma DUE TO (c) Carcinoma of the sigmoid (primary) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153X		INTERVAL BETWEEN ONSET AND DEATH 2 days 6 mos ? 1 yr
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 12:25 Month April Day 1956 Year 1956 a. m. A p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis STATE Mo.

21. I attended the deceased from April 1956 to Aug 26, 1956 and last saw her alive on Aug 25	
Death occurred at 12:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Charles Miller M.D. (Doctor or title)	22b. ADDRESS 206 N. Clay, Kirkwood
22c. DATE SIGNED 10-26-56	

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 10/27/56	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Pfizinger Mortuary, Kirkwood, Mo.	25. DATE RECD. BY LOCAL REG. 10-27-56	26. REGISTRAR'S SIGNATURE Herbert A. Dombrowski
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(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *William H. Peter*

Licensed Embalmer No. *542*

P. O. Address *Kirkwood*

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