Health, Welfare Public Service

300 1-56

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957

44041
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11937

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) LITTLE FLOWER HOME — Length of stay in 1b 224
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 2823 WISCONSIN (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CHRIST Middle Last WALKENBACH
4. DATE OF DEATH Month DEC. Day 26 Year 1956
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH OCT. 29 1876
9. AGE (In years last birthday) 80 — 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) RETIRED BEER BOTTLER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) GERMANY 4
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME WILLIAM WALKENBACH
14. MOTHER'S MAIDEN NAME UNKNOWN
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. 488-05-3255
17. INFORMANT MARY WALKENBACH Address 2823 WISCONSIN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis — yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Mo. STATE
21. I attended the deceased from October 1956 to 12/26/56 and last saw her/him alive on 12/24/56
Death occurred at 1 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) R Amezera M.D.
22b. ADDRESS 539 N. Grand
22c. DATE SIGNED 12/27/56
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE DEC. 28 1956
23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM
23d. LOCATION (City, town, or county) ST. LOUIS (State) Mo
24. FUNERAL DIRECTOR Thomas Kutes ADDRESS 2906 Graivis
25. DATE RECD. BY LOCAL REG. DEC 27 1956
26. REGISTRAR'S SIGNATURE J Carl Smith MD MGB

(Licensed Embalmer's Statement on Reverse Side)

Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Jr. 3-7-84
3-5 PM.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Samuel C Dill

Licensed Embalmer No. 43

P. O. Address 906

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.