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Director, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be stated. 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
MEDICAL CERTIFICATION
can be aff
14-24-57

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1949

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's **5172**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.				Length of stay in lb 32 yrs. 259		STREET ADDRESS (If outside, give location) 5857 Bartmer	
3. NAME OF DECEASED (Type or print) First ALBERT Middle WALTS Last WALTS				4. DATE OF DEATH June 1, 1957 Month June Day 1 Year 1957			
5. SEX Male		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 March 15, 1898	
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		100. KIND OF BUSINESS OR INDUSTRY Retail Tailor shop		11. BIRTHPLACE (City and state or country) Poland	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		100. KIND OF BUSINESS OR INDUSTRY Retail Tailor shop		11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unk. Walts				14. MOTHER'S MAIDEN NAME Unk.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Eva Walts 5867 Bartmer Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Atherosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Rheumatoid arthritis							INTERVAL BETWEEN ONSET AND DEATH 1 yr. Yes
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 _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
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		CITY, TOWN, OR LOCATION STATE	
21. I attended the deceased from 1952 to 1957 and last saw her him alive on May 28, 1957 . Death occurred at 3:30 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Bernard Hillbert, M.D.				22b. ADDRESS 8112 Delmer		22c. DATE SIGNED June 1/57	
23a. BURIAL, CREMATION, REMOVED (Specify) Rem.		23b. DATE 6/3/57		23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Agodol		23d. LOCATION (City, town, or county) (State) Ladue, Mo.	
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson				25. DATE RECD. BY LOCAL REG. JUN 3 '57		26. REGISTRAR'S SIGNATURE Carl Smith No. 23	

(Licensed Embalmer's Statement on Reverse Side)

.011
 x St. Louis x St. Louis
 x 2827 Bartrmer 32 yrs. Jewish Hosp.
 STATE ALBERT
 Apr. 9, 1898 x
 USA Retail Tailor
 Poland shop white
 Unk. Unk. white
 Unk. Unk. white
 Bartrmer 2827 Bartrmer Unk. Ho

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
 by me, or by Student Embalmer No.....
 working under my personal supervision..

Student.....
 Signature of Student Embalmer

Signed *Quir's J. Quir*
 Licensed Embalmer No.....

P. O. Address.....

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.