

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046468

STATE FILE NUMBER

12229

FILED JAN 5 1959

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

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5147 DRESDEN</b>		Length of stay in lb	d. STREET ADDRESS <b>5147 DRESDEN</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>CHARLES</b>			First	Middle	Last
4. DATE OF DEATH <b>DEC. 18 1958</b>			Month	Day	Year
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>JAN 16, 1877</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MACHINIST</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>JACOB WALTERS</b>			14. MOTHER'S MAIDEN NAME <b>MINNIE SIEMENS</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>497-07-1170</b>	17. INFORMANT Address <b>HARRY WALTERS 5147 DRESDEN</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Heart disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>one day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>					?
DUE TO (c) <b>Verruca Infection in stomach and bowels</b>					<b>7 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.) <b>420.1</b>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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	COUNTY	STATE
21. I attended the deceased from <b>DEC 16, 1958</b> to <b>DEC 18, 1958</b> and last saw her/him alive on <b>DEC 18, 1958</b> Death occurred at <b>11:00 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Leo Wilucki MD</b>			(Degree or title)	22b. ADDRESS <b>5140 22<sup>nd</sup> Gravois Av</b>	22c. DATE SIGNED <b>DEC 18, 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>12/20/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Co., Mo.</b>		
24. FUNERAL DIRECTOR <b>J L ZIEGENHEIN &amp; SONS</b>		ADDRESS <b>702 7 GRAYOIS</b>	25. DATE RECD. BY LOCAL REG. <b>DEC 18 '58</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	

---

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 *Donald E. Ring*.....

Licensed Embalmer No. *486*

P. O. Address *7027 Grand*

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