

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH														
FILED VS MAR 13 1961 318 Primary Registration District No. 1003 Registrar's No. 2059 =61-011738 STATE FILE NUMBER														
DATE AMENDED	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, Mo.				Length of stay in 1b 18yrs		c. CITY OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
INSTEAD OF	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. # 1					Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4029 Peck St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	3. NAME OF DECEASED (Type or print) First Luther Middle G. Last Walters, Sr.													
DOCUMENT	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 9/14/1886		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Carpentry		11. BIRTHPLACE (City and state or country) Fulton, Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A.					
MEDICAL CERTIFICATION	13a. FATHER'S NAME Anderson Walters				13b. MOTHER'S MAIDEN NAME Evelyn Crutchfield				14. NAME OF HUSBAND OR WIFE Nettie Walters					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Nettie Walters				Address 4029 Peck St.					
SHOULD READ	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:											INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (a)		Bronchio pneumonia									2 weeks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		Related Middle cerebral Ar. Thromb. 1 yr.										
		DUE TO (c)		Arterio sclerosis							unk.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								332x		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
BY AFFIDAVIT OF	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 s.m. Month, Day, Year p.m.													
BY AFFIDAVIT OF	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 2/4/61 to 2/27/61 and last saw her/him alive on 2/27/61 Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
BY AFFIDAVIT OF	22a. SIGNATURE (Degree or title) <i>Robert S. Suedmeyer, M.D.</i>					22b. ADDRESS 1515 Lafayette Ave.					22c. DATE SIGNED 2/28/61			
	23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)						
BY AFFIDAVIT OF	Removal		Mar. 1-1961		Mt. Zion Cemetery			Fulton, Kentucky						
	24. FUNERAL DIRECTOR ADDRESS Suedmeyer & Sons 3934 N. 20th St.					25. DATE RECD. BY LOCAL REG. MAR 1 1961		26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>						

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 Elton R. B. Bemmelius

Licensed Embalmer No. 4283

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.