

DECD JAN 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41522
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **3447** **Longfellow** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **August J. Walter**

(a) Residence, No. **3447 Longfellow** St. **17**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 16, 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **executive**
9. Industry or business in which work was done, as saw mill, bank, etc. **Nat'l. Candy Co**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Brooklyn**
(STATE OR COUNTRY) **New York**

13. NAME **Anton Walter**

14. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

15. MAIDEN NAME **Clara Rhein**

16. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

17. INFORMANT **Miss Lina Walter**
(ADDRESS) **3447 Longfellow**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cm** DATE **12/30/38**

19. FUNERAL DIRECTOR (NAME) **Weick Bros. Und. Co**
(ADDRESS) **2201 S. Grand Bl.**

20. FILED **DEC 29 1938** **J.B. Beck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 28, 1938**

22. I HEREBY CERTIFY, that I attended deceased from **Dec 28 1938** to **Dec 28 1938**
I last saw him **Dec 28 1938** Death is said to have occurred on the date stated above, at **12:15 A.M.**
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
hypertensive origin
Other contributory causes of importance:
arteriosclerosis

Name of operation Date of
What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **L. B. Kumpshausen M. D.**
(Signed) **L. B. Kumpshausen M. D.**
(Address) **203 Bonhomme St. St. Louis, Mo.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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

Registered Apprentice No....., working under my personal supervision.

Signed Henry A. Stewart

Licensed Embalmer No. 3722

P.O. Address 412 Duchouquette St.

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 this body is not embalmed, above space should be left blank.