

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35482
Registrar's No. 9467

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Crystal City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		e. STREET ADDRESS (If rural, give location) 809 Mississippi ave. 0501	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) c. (Last) HOLKE			4. DATE OF DEATH (Month) (Day) (Year) 10-12-54			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-25-1892	9. AGE (In years last birthday) 61	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) accountant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hermann Holke		13b. MOTHER'S MAIDEN NAME W. Feldmann		14. NAME OF HUSBAND OR WIFE Della Holke		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 304-14-3700		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Della Holke, Crystal City, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis + Hypertensive heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary + cerebral emboli, renal stone, uremia.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from 2/28, 1954, to 10/12, 1954, that I last saw the deceased alive on 10/11, 1954, and that death occurred at about 6 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Caine M.D.</u>	23b. ADDRESS <u>3720 Washington, St. Louis</u>	23c. DATE SIGNED <u>10/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE <u>10-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>

DATE REC'D BY LOCAL REG. OCT 19 1954	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Cady</u>	ADDRESS <u>Crystal City, Mo.</u>
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