

XC 17 757 825  
REG# 118925

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31921

FILED OCT 8 - 1955

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2261

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>8828 RIVERVIEW BOULEVARD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>FRED</u> c. (Last) <u>WALDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-27-55</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-25-90</u>
9. AGE (In years last birthday) <u>65</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NEWSPAPER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FAYETTE, MISSOURI</u>
13a. FATHER'S NAME <u>WILBER L. WALDEN</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE BELLE KELLY</u>	14. NAME OF HUSBAND OR WIFE <u>LAURA K. WALDEN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW-I</u>		16. SOCIAL SECURITY NO. <u>490051703</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA, INTERSTITIAL</u>			<u>2 DAYS</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>ARTERIOSCLEROSIS, CEREBRAL</u>			<u>2 YEARS</u>
DUE TO (c) <u>ARTERIOSCLEROSIS, GENERAL</u>			<u>6 YEARS</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>334X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-7-55</u> , 19 <u>  </u> , to <u>9-27-55</u> , <del>residence of the deceased</del> <u>VA HOSP, JEFF BRKS, MO.</u> , and that death occurred at <u>8:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. M. Schiek</u> (Degree or title) <u>C. M. SCHIEK, M.D.</u>		23b. ADDRESS <u>VA HOSP, JEFF BRKS, MO.</u>	23c. DATE SIGNED <u>9-27-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/1/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lucas &amp; Hunt at Lillian</u>
DATE REC'D BY LOCAL REG. <u>9-30-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan's 2849 N. Euclid</u>	