

Akron Beacon Journal - December 13, 1951

**WALTER**  
John S., 76 years, 803 Boulevard st.,  
died Dec. 12. Survived by wife,  
Anna G.; sons, Lawrence, Joseph and  
Clarence, all of Akron; daughters,  
Mrs. Catherine Miller of Akron, Mrs.  
Gertrude Gray of Los Angeles;  
brothers, Joseph, Frank, Charles and  
Leo, all of Akron, Harvey of Clevel-  
land; sister, Mrs. Laura Chenevey  
of Apple Creek, Ohio; 18 grandchil-  
dren. Funeral services Saturday,  
Interment Holy Cross Cemetery.  
Friends may call at the residence  
after 3 p. m. Thursday (Hummel).

Walter, John Stephen 1875 - 1951

OHIO DEPARTMENT OF HEALTH									
DIVISION OF VITAL STATISTICS					State File No. <u>80511</u>				
Reg. Dist. No. <u>7701</u>					Primary Reg. Dist. No. <u>7701</u>				
CERTIFICATE OF DEATH					Registrar's No. <u>2568</u>				
1. PLACE OF DEATH a. COUNTY <u>Summit</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Summit</u>				
b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE <u>Akron</u>			c. LENGTH OF STAY (in this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Akron</u>			d. STREET (If rural, give location) ADDRESS <u>803 Boulevard St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>803 Boulevard St.</u>					d. STREET (If rural, give location) ADDRESS <u>803 Boulevard St.</u>				
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>John S.</u> b. (Middle) <u>Walter</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1951</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>Sept. 28, 1875</u>	9. AGE (In years last birthday) <u>76</u>	Under 1 Year Months Days Hours Min.	17. Under 24 Hrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Akron Equipment Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Fredericksburg, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Henry A. Walter</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Marthey</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>no</u>		16. SOCIAL SECURITY NO. <u>290 10 2173</u>		17. INFORMANT'S SIGNATURE <u>Anna J. Walter</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Secondary Anemia</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>151X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</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) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>10:30 m.</u>		21e. INJURY OCCURRED While at <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>Sept 8, 1951</u> , to <u>Dec 12, 1951</u> , and that death occurred at <u>8:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Reginald P. Deaman, M.D.</u>			23b. ADDRESS <u>912 So. Main St. Akron, O.</u>			23c. DATE SIGNED <u>12/12/51</u>			
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec. 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>		24d. LOCATION (City, town, or county) (State) <u>Akron, Ohio</u>			
BIRTH NO. Do not write in this space					NAME OF EMBALMER (LIC. NO.) <u>John H. Hummel 3620a</u>				
DATE REC'D BY LOCAL REG. <u>12-13-51</u>		REGISTRAR'S SIGNATURE <u>E. J. Tracy</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Hummel</u>		LIC. NO. <u>914</u>		