

Walter, Louis Ambrose 1915 - 1918

Form V. S. No. 11-150M-2-15		STATE OF OHIO BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
PLACE OF DEATH County of <u>Linn</u>			
Township of _____		Registration District No. <u>1224</u>	File No. <u>6371</u>
Village of _____		Primary Registration District No. <u>8493</u>	Registered No. <u>72</u>
City of <u>Akron</u>		(No. <u>803 Boulevard</u> St., <u>7</u> Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME <u>Louis Ambrose Walter</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE <u>Single</u> MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH <u>January 13, 1918</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>September 10, 1904</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 9, 1918</u> , to <u>Jan 12, 1918</u> , that I last saw him alive on <u>Jan 12, 1918</u> , and that death occurred, on the date stated above, at <u>5 a.m.</u>	
7 AGE <u>3 yrs. 4 mos. 3 ds.</u> If LESS than 1 day, _____ hrs. or _____ min.?		The CAUSE OF DEATH* was as follows: <u>Bronchial - Pneumonia</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>10</u>		(Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Ghia</u>		Contributory <u>Influenza</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>J. S. Walter</u>	(Signed) <u>Mr. J. E. Morris</u> , M. D. <u>Jan 14, 1918</u> (Address) <u>Akron Ohio</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ghia</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	12 MAIDEN NAME OF MOTHER <u>Anna G. Wagner</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>	19 PLACE OF BURIAL OR REMOVAL <u>St. Bernardine</u> DATE OF BURIAL <u>Jan 14, 1918</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. S. Walter</u> (Address) <u>803 Boulevard</u>		20 UNDERTAKER <u>Wright & Hummel</u> ADDRESS <u>Akron</u>	
15 Filled <u>7-16</u> 191 <u>8</u> <u>Anna Harrison</u> Registrar <u>Deputy</u>			