

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

OCT 26 1937

File No. 35242
Registered No. 247
St. _____ Ward _____1. PLACE OF DEATH St. Louis
County _____ Registration District No. 789
Township Hermans Central Primary Registration District No. 6033
City Pine Bluff, Mo. (No. 3710, Manola _____ St. _____ Ward _____)2. FULL NAME Louisa Walker
(a) Residence, No. 3710 Manola St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles A Walker6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 18617. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 76 6 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.13. NAME John A Habicht,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Catharine Riesmeyer,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Miss Litty Walker
(ADDRESS) St. Louis, Mo. 3710 Manola18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cem. 9/2/3719. UNDERTAKER Baumman General Home
(ADDRESS) 1936 St. Louis Ave.20. FILED Sept. 20, 1937 W. B. Basler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31/37, 193722. I HEREBY CERTIFY, That I attended deceased from July 17th, 1937, to Aug. 31st, 1937I last saw her alive on 8/29/, 1937. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic cardiovascular renal disease

Date of onset

Other contributory causes of importance:

Generalized arteriosclerosis and myocarditis. Generalized anasarca, uremia and uremic coma. 7/17/37

Name of operation _____ Date of _____

What test confirmed diagnosis? C.I.I. Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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 _____

(Signed) Julius P. Jones, M. D.(Address) 3718 Jennings St.,8/31/37

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.

