

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9023
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis
 (e) Length of residence in city or town where death occurred yrs. mos. ds.
 (d) Street No. St. Luke's Hospital (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
 Primary Registration District No. 1003

Registered No. 2612

2. PRINT FULL NAME Maude Walker 4-26

(a) Residence, No. Chase Hotel St. 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H.T. Garrith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
about 54 --- --- --- or --- min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as 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 Missouri

13. NAME George Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorkshire England

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs Blanche Langan
 (ADDRESS) 6628 Pershing Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE March 19th 1938

19. FUNERAL DIRECTOR Wagoner Undertaking Co
 (ADDRESS) 3621 Olive Street

20. FILED 3861 ST Wagoner
3861 ST Wagoner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1934 to 3-17 1938

I last saw her alive on 3-17 1938 Death is said to have occurred on the date stated above, at 3:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
118
 Date of onset 3-12-38

Other contributory causes of importance: Bronchial Asthma 15yr

Name of operation Date of
 What test confirmed diagnosis? X-Ray Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 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? NO
 If so, specify 117 Blair M. D.
 (Signed) 117 Blair
 (Address) 3720 Washington

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Neville B. Frohwitter

Licensed Embalmer No. 3696

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)