

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.

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

Do not use this space.

OCT 12 1938

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis, Mo.** (No. **4121** **Lexington, Ave.**) St. _____ Ward _____

File No. **30435**
Registered No. **7872**

2. FULL NAME **Susan D. Walker**

(a) Residence, No. **4121 Lexington, Ave.** St. **40** Ward _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **8** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Walker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 10, 1851**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 **3** **24**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

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) **Unk.** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wentzville, Missouri**

13. NAME **Sidney S. Woods**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Kentucky**

15. MAIDEN NAME **Harriet B. Hughes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown N. Carolina**

17. INFORMANT **Elsie Walker** (ADDRESS) **4121 Lexington, Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wentzville, Mo.** DATE **Sept. 7, 1938**

19. UNDERTAKER **T. E. Pittman** (ADDRESS) **Wentzville, Mo.**

20. **6 1938** 19 **J. D. Brulek** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 4, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 9**, 19**38**, to **Aug 25**, 19**38**
I last saw **her** alive on **Aug 25**, 19**38**. Death is said to have occurred on the date stated above, at **4 P.** m.

The principal cause of death and related causes of importance were as follows:
chronic myocarditis Date of onset **last year**

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) **J. D. Brulek**, M. D.
(Address) **3155 N. Vandeventer**

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Case closed signed

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