

Registration District No. **791**

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ /
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Katie Walker **426**

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 25 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 3 _____ hr. _____ min.

9. Birthplace Toledo Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife **3**

11. Industry or business _____

12. Name James Collins **4**

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Walker

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Busdecker

(b) Address 6145 Elizabeth Ave.

17. (a) Cremation (b) Date thereof 7-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Missouri Crematory

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUL 30 1940 (b) J. Busdecker
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6145 Elizabeth **3**
(If rural, give location)

(e) Foreign born, how long in U.S.A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 27th
year 1940 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis of heart *Duration*

prolonged - 10 months

Died slipped and fell to floor

at City Infirmary on

July 27 1940 about

6:30 AM

Other conditions (Include pregnancy within 3 months of death) 46a

Major findings: Of operations 18

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 27 1940

(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public Place

While at work _____ (Specify type of place) (e) Means of injury fall

23. Signature Joseph M. ... (M. D. or other)

Address ...

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.