

Registration District

213

Primary Registration District No.

1003

Registrar's No.

5705

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
DePaul Hospital  
(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

3. (a) PRINT FULL NAME Frances Jo Walker

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 5 1926  
(Month) (Day) (Year)

8. AGE: Years 16 Months 9 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation School student

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name John Henry Walker  
13. Birthplace Castor Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nan Louise McKenzie  
15. Birthplace Austin Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant John Henry Walker  
(b) Address Ste. Genevieve, Missouri

17. (a) Burial (b) Date thereof 6/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) JUN 22 1943 (b) J. F. Meelek  
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve  
(c) City or town Ste. Genevieve  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1 NR  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1943 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 21 1943 to June 22 1943  
that I last saw him alive on June 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral cerebral thrombosis 5 days  
Left jugular vein thrombosis

Due to Cellulitis of face  
Staphylococcus  
Multiple lung abscesses  
embolic origin

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Same as above

Duration

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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. F. Meelek (M. D. or other)  
Address 539 N. 9th Date signed June 22/43

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**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 *Phil G. Hays*.....

Licensed Embalmer No..... *2971*

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, fact should be so stated above.**