

Registration District No. **ED SEP 3 1943 818**

Primary Registration District No. **1003**

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

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
(Specify whether
 In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 916
 (d) Street No. 4038 Juniata St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Florence Dale Walker
 3. (b) If veteran, name war.....
 3. (c) Social Security No. None

4. Sex F 5. Color or race W 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. 12 6 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 8 19 hr. min.

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

10. Usual occupation Student

11. Industry or business.....

MOTHER FATHER
 { 12. Name Major R. Walker
 { 13. Birthplace Grayson County Virginia
(City, town, or county) (State or foreign country)
 { 14. Maiden name Mauda Krueger
 { 15. Birthplace Allenton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Major Walker
 (b) Address 4038 Juniata St.

17. (a) Burial (b) Date thereof 8/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director A.W. McLaughlin
 (b) Address 2301 Lafayette

19. (a) AUG 23 1943 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 25
 year 43 hour 12 minute 24? M.
 21. I hereby certify that I attended the deceased from 8/25/43 to 8/25/43
 that I last saw her alive on 8/25/43 and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcic Emyema of Left Chest.
 Due to Streptococcic Emyema of Left Chest.
 Due to HO
 Other conditions (Include pregnancy within 3 months of death) HO

Major findings: Of operations.....
 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).....
 (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. Bredeck (M. D. or other)
 Address 1930 Remick Date signed.....

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 *L.R. Ciapan*.....

Licensed Embalmer No. *3633*.....

P. O. Address *2301 Lafayette*.....

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.