S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15684

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4524

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 (Specify whether In this community years, months or days)

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. 2831A PARK av (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NELLIE WALKER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED 2

6. (b) Name of husband or wife HARRY B. WALKER

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JULY (Month) 18 (Day) 1899 (Year)

8. AGE: Years 45 Months 10 Days 2 If less than one day hr. min.

9. Birthplace DESLOGE (City, town, or county) MO (State or foreign country)

10. Usual occupation Shoe Work HOUSE KEEPER

11. Industry or business OWN

FATHER
12. Name BARNEY HEROD.
13. Birthplace (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name ANNA GORDEN
15. Birthplace (City, town, or county) MO. (State or foreign country)

16. (a) Informant Harry B. Walker
(b) Address 2831A Park av

17. (a) Removal (~~Burial, cremation, or removal~~) (b) Date thereof MAY 22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Desloge Mo.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.

19. (a) MAY 22 1945 (Date received local registrar) (b) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 9 20 hour minute P. M.

21. I hereby certify that I attended the deceased from Dec 1 1945 to May 20 1945 that I last saw her alive on May 20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Hip — Duration 1½ yrs

Due to

Due to 55

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature T. J. Kemp (M. D. ~~or other~~)
Address 4593 Washington Date signed May 22/45

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 41014

P. O. Address St Louis, Mo

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.