

FILED SEP 14 1945

State File No.

7757

Registration District No. 318

Primary Registration District No. 4000

Registrar's No.

1. PLACE OF DEATH:  
 (a) County.....  
 (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: De Paul Hospital 0  
 (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  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5416 Gilmore Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.

3. (a) PRINT FULL NAME ANNA WALKER  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 9 day 3  
 year 45 hour minute M.

4. Sex F / 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Joseph Walker  
 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased March 18th 1892  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-25-45 to 9-3-45  
 that I last saw her alive on 9-2-45  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
53 5 20 hr. min.

Immediate cause of death:  
Nephritic (chr) / chr myocarditis  
 Due to Hypertension  
 Due to Cerebral hemorrhage  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations 131k  
 Of autopsy

9. Birthplace Iowa (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

MOTHER FATHER {  
 11. Industry or business  
 12. Name Fred Holck Germany  
 13. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Voss  
 15. Birthplace Iowa 1  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph Walker  
 (b) Address 5416 Gilmore  
 17. (a) Burial (b) Date thereof 9 6 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Hill Cemetery

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) Means of injury

18. (a) Signature of funeral director Jay B. Smith  
 (b) Address 7456 Manchester  
 19. (a) SEP 1 1945 (b) J. J. Bredack  
 (Date received local registrar) (Registrar's signature)

23. Signature G. J. Lorsche (M. D. or other)  
 Address 4885 Natural Bridge Date signed 9-3-45

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

4991 Northland

**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..... *R. Burgess* .....

Licensed Embalmer No. *4029* .....

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.**