S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35962 105447

Registration District No. 318 Primary Registration District No. 1003 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: St. Mary's Infirmary. Mary's Inf (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

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. 4394 West Pine Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Walker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Walker
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec (Month) 6 (Day) 1901 (Year)
8. AGE: Years 43 Months 11 Days 25 If less than one day hr. min.
9. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business
12. FATHER Name Anderson Edwards
13. FATHER Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country)
14. MOTHER Maiden name Annie Sells
15. MOTHER Birthplace Manchester (City, town, or county) Missouri (State or foreign country)
16. (a) Informant George Walker
(b) Address 4394 West Pine Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6 '45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street
19. (a) DEC 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st year 1945 hour 6:00 minute P M.
21. I hereby certify that I attended the deceased from 11/27/45, 19, to 12/1/45, 19 45; that I last saw her alive on 12/1/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis	Duration
Due to Infected Gall Bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death) Paralytic Ileus	
Major findings: Of operations	
Of autopsy as above	

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 Louis A. Peters (M. D. or other) MD
Address 2622 S. Grand St. Date signed 12/4/45

(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 Joel Russell

Licensed Embalmer No. 4112

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.