

No. 300  
10, 48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3634**  
Registrar's No. **269**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jeff. Brks,</b>		c. LENGTH-OF STAY (If this place) <b>30 days.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vet. Adm. Hosp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>	
		d. STREET ADDRESS (If rural, give location) <b>2308 Sullivan</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) / (Year)		
a. (First) <b>LAWRENCE</b>			b. (Middle) <b>W.</b>		
c. (Last) <b>WALKER</b>			8. DATE OF BIRTH <b>3/16/95</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brewery Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Bridgeport, Ala.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Phelps Walker</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie A. Maxie</b>	14. NAME OF HUSBAND OR WIFE <b>Vera</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EUGENE F. NOLAN, Registrar, VAH, Jeff. Brks Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE LEFT OCCIPITO-PARIETAL WITH SUBRURAL HEMORRHAGE, LEFT.</b>		INTERVAL BETWEEN ONSET AND DEATH
	(b) <b>1246 31*</b> (c) <b>DUE TO (c) CIRRHOSIS OF LIVER</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2</b> m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1/23/1949**, to **1/24/1949**, that I last saw the deceased alive on **1/24/49**, 19**49**, and that death occurred at **P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>L.E. Stilwell</b> (Degree or title) <b>Chief of Professional Services</b>	23b. ADDRESS <b>Jeff. Brks, Mo.</b>	23c. DATE SIGNED <b>1/25/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 28, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-25-49</b>	REGISTRAR'S SIGNATURE <b>Therese L. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F. Home</b>	ADDRESS <b>1936 St. Louis, St. Louis, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed May L. Waibel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

**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.