

THE DIVISION OF HEALTH OF MISSOURI  
 FILED MAY 5 1949 STANDARD CERTIFICATE OF DEATH

State File No. 14252  
 Registrar's No. 3607

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer &amp; Philips</i>		d. STREET ADDRESS (If rural, give location) <i>2037<sup>th</sup> Cale</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>MARIE</i> b. (Middle) <i>SMITH</i> c. (Last) <i>WALKER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>4 20 49</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 10 - 1895</i>	9. AGE (In years last birthday) <i>53</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Canton Miss</i>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <i>Henry Washington</i>		13b. MOTHER'S MAIDEN NAME <i>Lorrah Doyle</i>		14. NAME OF HUSBAND OR WIFE <i>Felix</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mattie Goodloe 2037<sup>th</sup> Cale</i>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardio Renal Vasculac Disease</i>			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>12/21</i>				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4/22</i>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *11:55* am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. P. Richardson</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>4/22/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-26-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	
24d. LOCATION (City, town, or county) <i>St Louis county</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. P. Richardson 2625 Glasgow</i>			
DATE REC'D BY LOCAL REG. <i>APR 22 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>			

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.

Student .....  
Student Embalmer

Signed A. D. Richards

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.