

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17773

FILED JUN 7 1949

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4692**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>5526 DEWEY AV. 15</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5526 DEWEY AV.</b>		d. STREET ADDRESS (If rural, give location) <b>5526 DEWEY AV. 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HATTIE</b> b. (Middle) <b>WALKER</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 27 1949</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>JUNE 17-1879</b>		9. AGE (In years last birthday) <b>69 YRS.</b>		10. MONTHS <b>12</b> DAYS <b>2</b> HOURS <b>1</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN</b>		11. BIRTHPLACE (State or foreign country) <b>Michigan</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOSEPH FORCIE</b>		13b. MOTHER'S MAIDEN NAME <b>HATTIE UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>OLIVER C. WALKER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	

17. INFORMANT'S SIGNATURE OR NAME <b>Oliver C. Walker</b>		ADDRESS <b>5526 Dewey Av</b>	
--	--	---------------------------------	--

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.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</b>					
DUE TO (c)			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 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) <b>St. Louis MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Heart</b>	

22. I hereby certify that I attended the deceased from **May 26, 1949**, to **May 27, 1949**, that I last saw the deceased alive on **May 27, 1949**, and that death occurred at **3:17 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. R. Sheridan M.D.</b>		23b. ADDRESS <b>2602 So. Grand Blvd</b>		23c. DATE SIGNED <b>5-28-49</b>	
24a. REMOVAL OF CREMATION (Specify) <b>CREMATION</b>		24b. DATE <b>MAY 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MISSOURI CREMATORY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schur</b>		ADDRESS <b>3125 Lafayette Av</b>	
DATE REC'D BY LOCAL REG. <b>MAY 29 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Leach</b>			

**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 Joseph B. Volmer.....

Licensed Embalmer No. 4014.....

P. O. Address 3125 Fifth St......

**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.