

39401

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 25 1949

Registrar's No. 9731

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 9731					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>				c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES - HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>7075 JULIAN</u>									
3. NAME OF DECEASED (Type or Print) <u>EMMETT M. WALKER</u>			a. (First)			b. (Middle)			c. (Last)				
4. DATE OF DEATH <u>Nov. 8 1949</u>			5. SEX <u>M</u>			6. COLOR OR RACE <u>W</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>				
8. DATE OF BIRTH <u>7-28-1923</u>			9. AGE (In years last birthday) <u>26</u>			10. MONTHS <u>3</u>			11. DAYS <u>10</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Mo. 10</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>OTTIE T. WALKER</u>				13b. MOTHER'S MAIDEN NAME <u>LETA OLIVER</u>				14. NAME OF HUSBAND OR WIFE <u>EVELYN ANN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EVELYN ANN WALKER U. CITY, MO</u>							
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulo-nephritis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 checked="" 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) <u>1017</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> - NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>592 X</u>							
22. I hereby certify that I attended the deceased from <u>April 1949</u> , to <u>Nov. 8, 1949</u> , that I last saw the deceased alive on <u>Nov. 8, 1949</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Geo. W. Stuer (M.D.)</u>				(Deceased or title)				23b. ADDRESS <u>3720 Washington Blvd.</u>		23c. DATE SIGNED <u>11-9-49</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAURAL HILL</u>			24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>						
DATE REC'D BY LOCAL REG. <u>Nov 11 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Kevin H. Bopp Jr.</u>			ADDRESS <u>St. Louis 700</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 Peter B. Dubrouillard

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, Mo.

1826

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.