

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43535

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>9 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Russel</u> c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 18, 1878</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MIN. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Live Stock Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Live Stock Com.</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar Springs, S. C.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. P. H. Walker</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Louise Duggins</u>			14. NAME OF HUSBAND OR WIFE <u>Gertrude Saul Walker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-20-9227</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gertrude S. Walker,</u> ADDRESS <u>Warrenton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensio cordis-vascular</u> DUE TO (c) <u>renal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic congestive heart failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>4 yrs.</u> <u>2 mo.</u>
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 <u>10-20, 1949</u> , to <u>12-29, 1949</u> , that I last saw the deceased alive on <u>12-29, 1949</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wald F. Hollender M.D.</u>				23b. ADDRESS <u>Warrenton Mo</u>		23c. DATE SIGNED <u>12-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-31-49</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.W. Nieburg & Co.</u>		ADDRESS <u>Warrenton, Mo.</u>	

----- District File Number -----

District Health Officer No. 9,

RECEIVED JAN 4 1950

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 John J. Hieburg

Licensed Embalmer (No. 3897)

P. O. Address Waverly, 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.