No. 300
10.48

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

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22107

State File No. 5355

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 4799
d. STREET ADDRESS (If rural, give location): 1054 Trelane Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): W.
c. (Last): WALKER

4. DATE OF DEATH (Month) (Day) (Year): June 17 1950

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1889

9. AGE (In years last birthday): 61 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Optometrist-Partner

10b. KIND OF BUSINESS OR INDUSTRY: of R.P.Williams Co.

11. BIRTHPLACE (State or foreign country): Wentzville, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Edward S. Walker

13b. MOTHER'S MAIDEN NAME: Anne Wright

14. NAME OF HUSBAND OR WIFE: Minnette Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Minnette Walker 1054 Trelane Ave.

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) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralytic Ileus — 5 days
DUE TO (c) Intestinal Obstruction — 5-7 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-16-50

19b. MAJOR FINDINGS OF OPERATION: Peritonitis, Paralytic Ileus, Intestinal Obstruction.

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 570.1

22. *I hereby certify that I attended the deceased from* 6-14, 1950, *to* 6-17, 1950, *that I last saw the deceased alive on* 6-17, 1950, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene T. Dmytryk, M.D.

23b. ADDRESS: University Club Bldg.

23c. DATE SIGNED: 6-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 20, 1950

24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.

24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. JUN 19 1950

REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kriegshauser 4228 S.Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed William B. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4221 L Kingsbridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.