

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28835**
7108

FILED AUG 25 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7108**

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3401 Cade		17. STREET ADDRESS (If rural, give location) 3401 Cade 0					
3. NAME OF DECEASED (Type or Print) a. (First) Catherine		b. (Middle) Walton		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) Aug. 7 1951		5. SEX F 1		6. COLOR OR RACE W			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2		8. DATE OF BIRTH Oct. 13 1889		9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 1 HR. Days Hours Min. 61 9 25			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) St. Louis 1			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William C. Harte		13b. FATHER'S MAIDEN NAME Brady Heffern			
14. NAME OF HUSBAND OR WIFE William		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Mrs. V. Bussen		18. ADDRESS 3401 Cade					
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) Amuria ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 18 hrs. 1 yr. 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 593X					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 4th fl.		22. I hereby certify that I attended the deceased from July 18, 1951 , to August 7, 1951 , that I last saw the deceased alive on August 7, 1951 , and that death occurred at 12:30PM. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. D.		23b. ADDRESS 3739 Gravois		23c. DATE SIGNED 8/8/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 10, 51		24c. NAME OF CEMETERY OR CREMATORY Calvary			
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		DATE RECEIVED BY LOCAL HEALTH DEPT. AUG 9 1951		REGISTRAR'S SIGNATURE Paul Smith			
FUNERAL DIRECTOR'S SIGNATURE Joe A. Howard		ADDRESS 1619 So. Grand					

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

FEB 10 1953

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.....

John Binkley

Signed.....
Student Embalmer

Licensed Embalmer No. *3653*

P. O. Address *St Louis 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.