

FILED DEC 8 - 1951

# STANDARD CERTIFICATE OF DEATH

State File No. **38546**

BIRTH NO. 72855-51 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Charles</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		1923	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>124 South 8th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Kieth</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Walker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 25 1951</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov. 24 1951</b>	9. AGE (in years last birthday) <b>1 day</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St Charles Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Row Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Geraldine Throgmartin</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Row Walker 124 So. 8th St</b>		ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ischemic Death 7. mo.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None Known</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 <b>776x</b>		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)		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 Nov. 24 1951, to Nov. 25, 1951, that I last saw the deceased alive on Nov. 25, 1951, and that death occurred at 7 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>James Hamilton</i> (Degree or title)		23b. ADDRESS <b>St Charles Mo</b>		23c. DATE SIGNED <b>11-26-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 27 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Charles Mo</b>	
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DATE REC'D BY LOCAL REG <b>11-29-51</b>		REGISTRAR'S SIGNATURE <i>James Hamilton</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wachmann - Paul A. Chanda Mo.</i>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 3 1951

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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 \_\_\_\_\_

*Fredric H. Bane*

Licensed Embalmer No. *4607*

P. O. Address *St. Charles, 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.