

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18654

State File No. \_\_\_\_\_

FILED MAY 19 1952

318

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

Registrar's No. 3012

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If rural, give location) 2110 Eugenia	

3. NAME OF DECEASED (Type or Print) a. (First) Salena		b. (Middle)		c. (Last) Walker		4. DATE OF DEATH (Month) (Day) (Year) March 28-52	
5. SEX 3 F		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Jan. 4, 1902	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Jerome, Ark.		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Johnny Blakely		13b. MOTHER'S MAIDEN NAME Victoria Lewis		14. NAME OF HUSBAND OR WIFE Anthony Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY (If yes, give war or dates of service) 499-28-2658		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Lee Washington 2102 Eugenia	

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) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Endocarditis DUE TO (c) Diffused Pericarditis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decompensated		INTERVAL BETWEEN ONSET AND DEATH	
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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) 434.3	
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?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <i>Catharine E. Taylor, 3rd Coroner</i>		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3.31.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 2nd		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) St. Louis County, Mo.		24e. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		24f. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>E. B. Koonce 1221 N. Grand</i>	

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

m 83 (Licensed Embalmer's Statement on Reverse Side)

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 Clarence Casow

Signed.....  
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N Grand

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.