

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30153

State File No.

BIRTH NO. 65744 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7881

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>2219</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>4 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>20 2622 No. 21 St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Desloge Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Baby Mary Etta</u>	b. (Middle) <u>Walker</u>	c. (Last) <u>Walker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 18 52</u>
-------------------------------------	----------------------------------	---------------------------	-------------------------	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>8-18-52</u>	9. AGE (In years last birthday) <u>0</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. UNDER 1 HR. Hours <u>4</u> Min. <u>0</u>
-----------------	---------------------------	---	---------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>newborn</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>Cornelius Daniel Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Doris Louise Williams</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Doris Louise Walker</u>	ADDRESS <u>2622 No. 21 St.</u>
---	-------------------------	--	--------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Birth Trauma</u> 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	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? <u>71600</u>
--	--	---

22. I hereby certify that I attended the deceased from 2 am 8-18, 1952, to 11 am 8-18, 1952, that I last saw the deceased alive on 8-18 1952 and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. Brennan</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Desloge Hospital</u>	23c. DATE SIGNED <u>8-18-52</u>
----------------------------------	-------------------------------	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Minelatte Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Minelatte Mo</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>AUG 19 1952</u>	REGISTRAR'S SIGNATURE <u>J. Cash Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Hoppe</u>	ADDRESS <u>4700 Washington Blvd.</u>
---	--	--	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4108

P. O. Address _____

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.