

SEP 22 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32670

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 285

1941
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u> <u>0942</u>	
c. LENGTH OF STAY (In this place) <u>4th R.</u>		d. STREET ADDRESS (If rural, give location) <u>105 Norwin St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Lloyd</u> b. (Middle) <u>Keith</u> c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White Case</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 8-1913</u>		9. AGE (In years last birthday) <u>39-4-24</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Mo. Brokerage</u>	
11. BIRTHPLACE (State or foreign country) <u>Flat River - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. MOTHER'S MAIDEN NAME <u>Loretta Ornum</u>	

13a. FATHER'S NAME <u>Mr. Ernest M. Keith Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Ernest Walker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-03 2905</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ernest W. Walker (Wife)</u>		18. ADDRESS <u>105 Norwin St. Flat River, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coccyary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho pneumonia</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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)		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 Sept 1, 1952 to Sept 2, 1952 that I last saw the deceased alive on Sept 2, 1952 and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Appleberry M.D.</u>		23b. ADDRESS <u>Flat River Mo</u>		23c. DATE SIGNED <u>9-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Sept 5 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Leadenton Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>			

DATE REC'D BY LOCAL REG. <u>Sept. 13 1952</u>		REGISTRAR'S SIGNATURE <u>E. Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	
				ADDRESS <u>303 Council Flat River, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1933

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 Alvin W. Head

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Fredonia, 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.