

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8043**
Registrar's No. **1454**

FILED FEB 26 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 12 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 1410 Kansas	

3. NAME OF DECEASED (Type or Print)	a. (First) Mattie	b. (Middle) E.	c. (Last) Walker	4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1953
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18, 1893	9. AGE (In years last birthday) 60	# UNDER 1 YEAR	# UNDER 1 MONTH	# UNDER 1 HOUR	# UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home Toney	11. BIRTHPLACE (City and State or Foreign Country) Louisiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Toney ?	13b. MOTHER'S MAIDEN NAME Amy Wilson	14. NAME OF HUSBAND OR WIFE George
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME George Walker	ADDRESS 1410 Kansas
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis		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) Acute Nephritis		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 592X
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22. I hereby certify that I attended the deceased from **Jan 15, 1953** to **Feb 5, 1953**, that I last saw the deceased alive on **Feb 5, 1953**, and that death occurred at **6 A m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Walter A. Young M.D.	23b. ADDRESS 2337 Market	23c. DATE SIGNED 2-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-15-53	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois
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DATE REC'D BY LOCAL REG. FEB 6 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash	ADDRESS 111 N. 13th
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3.300
0.48

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

C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.