

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12470**

FILED MAR 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2708**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homér G. Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2811 Franklin Ave</b>	

3. NAME OF DECEASED (Type or Print) <b>SAM</b>		a. (First)		b. (Middle)		c. (Last) <b>WALKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 4 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Dec 24 1893</b>		9. AGE (In years) (last birthday) (Months) (Days) (Hours) (Min.) <b>59 2 11</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sta Boiler Fireman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Packing House</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Ky</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-12-7113</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Blanche Finley</b>	
				ADDRESS <b>3503 Franklin Ave</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Pulmonary Congestion</b></p> <p>DUE TO (c) <b>Acute Gastric dilatation</b></p>					
		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 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)	
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 <b>5441</b>	

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 **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Disease or title) <b>Patrick E Taylor Cor. 3</b>		23b. ADDRESS <b>1300 Clark Ave</b>		23c. DATE SIGNED <b>3-11-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-11-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo</b>	
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DATE REC'D BY LOCAL REG. <b>MAR 11 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith md</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.H. Randle &amp; Son</b>		ADDRESS <b>3133 Bell Ave</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *S J Watson* \_\_\_\_\_

Licensed Embalmer No. *2698* \_\_\_\_\_

P. O. Address *2769 Chautau* \_\_\_\_\_

**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.