

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20015
Registrar's No. 4953

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 MO b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		d. STREET ADDRESS (If rural, give location) 5091 N. UNION 31st
d. FULL NAME OF HOSPITAL OR INSTITUTION 5091 N. UNION 31st					
3. NAME OF DECEASED (Type or Print) a. (First) SARA		b. (Middle)		c. (Last) WALKER	
4. DATE OF DEATH (Month) (Day) (Year) May 15, 1953		5. SEX F		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 3/1/1877		9. AGE (In years last birthday) 76 If under 1 year: Months 2 Days 15 If under 12 mos. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gentry County, Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Setton		13b. MOTHER'S MAIDEN NAME Mable Guinn	
14. NAME OF HUSBAND OR WIFE FRANK WALKER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Velma McBride		ADDRESS 5091 N. Union			

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic laborator Heart Disease - Do not know		INTERVAL BETWEEN ONSET AND DEATH Do not know	
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. arterio sclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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? 4214	

22. I hereby certify that I attended the deceased from **June 1, 1952** to **May 15, 1953** that I last saw the deceased alive on **May 14, 1953**, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. R. Meunier MD (Degree or title)		23b. ADDRESS 5330 heraldine ave		23c. DATE SIGNED 5-16-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/18/53		24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEMETERY	
		24d. LOCATION (City, town, or county) (State) 8900 N Broadway St. St. Louis Mo			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 18 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Dull-Campbell Mortuary	
				ADDRESS 4215 Lindell	

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Ray E. Campbell

Student Embalmer No.

Licensed Embalmer No. *3881*

P. O. Address *St Louis 8 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.