

FILED NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41329  
Registrar's No. 10898

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 Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 52 yrs. c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital e. STREET ADDRESS (If rural, give location) 3936 Greer 2109

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) \_\_\_\_\_ c. (Last) Walker 4. DATE OF DEATH (Month) (Day) (Year) 11 13 53

5. SEX Male 6. COLOR OR RACE Col 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 12-11-1873 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Division 10b. KIND OF BUSINESS OR INDUSTRY Public Service 11. BIRTHPLACE (City and State or Foreign Country) Richman, Va. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jim Walker 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN 16. SOCIAL SECURITY NO. 489-12-4782 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hattie McGuire 3936 Greer

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, asthenia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypertensive Cardiovascular Heart Disease INTERVAL BETWEEN ONSET AND DEATH Undt.  
- ANTECEDENT CAUSES Acute Left Ventricular Failure  
Morbid 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. Hypostatic Pneumonia

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT (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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 443x

22. I hereby certify that I attended the deceased from 11-11, 1953, to 11-13, 1953, that I last saw the deceased alive on 11-13, 1953, and that death occurred at 10:20Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. B. Williams 23b. ADDRESS M. D. 2601 N. Whittier 23c. DATE SIGNED 11-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 11-20-1953 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. NOV 17 1953 REGISTRAR'S SIGNATURE Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLynn Funeral Home 215 So. Jeff.

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

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**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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2698

P. O. Address 2769 Chow

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**