

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44526

FILED JAN 5 - 1954

State File No. 11866
Registrar's No. 11866

318

1003

BIRTH NO. ..		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 11866		Registrar's No. 11866		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (If this place) 2 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp./				e. STREET ADDRESS (If rural, give location) 4 6512 Wise Ave.		2079 0				
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) F.		c. (Last) Walkenhorst		4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9, 1887		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY City Park Dept.		11. BIRTHPLACE (City and State or Foreign Country) C St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Fred Walkenhorst			13b. MOTHER'S MAIDEN NAME Julia Swartz			14. NAME OF HUSBAND OR WIFE Agnes Walkenhorst				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 489-05-0047		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Agnes Walkenhorst 6512 Wise Ave.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Certainly Aortic Heart Disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4200</i>						
22. I hereby certify that I attended the deceased from <i>Nov. 13, 1953</i> , to <i>Dec. 14, 1953</i> , that I last saw the deceased alive on <i>Dec. 14, 1953</i> , and that death occurred at <i>11:20 P.M.</i> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <i>Foster A. Dill M.D.</i>				23b. ADDRESS <i>Maplewood 17, Mo.</i>			23c. DATE SIGNED <i>12-15-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec. 18, 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>					
DATE REC'D BY LOCAL REG. <i>DEC 16 1953</i>		REGISTRAR'S SIGNATURE <i>J. C. Smith</i>			MUNICIPAL DIRECTOR'S SIGNATURE <i>W. C. Croghan</i>			ADDRESS <i>7146 Manchester Ave.</i>		

(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.....
Signature of Student Embalmer

Signed.....
J. Allen Davis Jr.

Licensed Embalmer No.....
4053

P. O. Address

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.