

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 26 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0275

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Mill Springs</u> <u>1110</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ENOCH</u> b. (Middle) <u>MATTHEW</u> c. (Last) <u>WALKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 1954</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>May 3, 1885</u>
9. AGE (in years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 1 MIN. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>John Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Drucy Wingate</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Walker, Mill Springs, Mo.</u> ADDRESS <u></u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RECURRENT CARCINOMA</u> ANTECEDENT CAUSES <u>OF PROSTATE GLAND &</u> DUE TO (b) <u>METASTASES TO LYMPHNODES</u> DUE TO (c) <u>and LEFT ILIAC BONE-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>and</u>	
19a. DATE OF OPERATION <u>4/21/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatectomy 1946</u> <u>Bilateral adrenalectomy</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>177X</u>
22. I hereby certify that I attended the deceased from <u>June 1954</u> to <u>Jan 10, 1954</u> , that I last saw the deceased alive on <u>Jan 19, 1954</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward C. Rost MD</u> (Degree or title)		23b. ADDRESS <u>Mo. Pac. Hosp</u>	23c. DATE SIGNED <u>1/10/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-11-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Piedmont, Mo.</u>
DATE REC'D BY LOCAL REG. <u>JAN 11 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd</u>	

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

1961 8-7-11

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 _____

John J. Thomas

Licensed Embalmer No. 4108

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