

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20469**

FILED JUN 30 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5297**

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>Pine Lawn</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lodema</b>		b. (Middle) <b>Julia</b>	
c. (Last) <b>Walker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 16, 1955</b>	
5. SEX <b>Fem</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9 - 18 - 1897</b>
9. AGE (In years last birthday) <b>57</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Paper folder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brooks Paper Co.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Eugene Reid</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Pracht</b>	
14. NAME OF HUSBAND OR WIFE <b>Henry G. Walker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>487-32-8137</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Henry G. Walker</b> ADDRESS <b>3812 Council Gr.</b>	
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) <b>Vertebral Artery Thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>		Yrs.	
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>454X</b>		22. I hereby certify that I attended the deceased from <b>June 11, 1955</b> , to <b>June 16, 1955</b> , that I last saw the deceased alive on <b>June 16, 1955</b> , and that death occurred at <b>2:00pm.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>C. J. Vanillin, M.D.</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	
23c. DATE SIGNED <b>6/18/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>6/20/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Balhalla Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b> ADDRESS <b>1905 Union Blvd.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 20 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	

WRITE PLAINLY—USING UNFADING 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 *Warren A. Carve*.....

Licensed Embalmer No. *35*.....

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.