

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 61278-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7654

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) OR TOWN ST. LOUIS, MO

c. LENGTH OF STAY (in this place)
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 CHRISTAIN HOSPITAL

e. STREET ADDRESS (If rural, give location) 26 1526 DESTRAHAM

3. NAME OF DECEASED (Type or Print)
a. (First) ROBIN b. (Middle) ALICE c. (Last) WALKER

4. DATE OF DEATH (Month) (Day) (Year) AUG. 30 1955

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH AUG. 4, 1955

9. AGE (in years last birthday) If UNDER 1 YEAR Months 26 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME CHARLES WALKER

13b. MOTHER'S MAIDEN NAME RUBY ALLEN SIDLER

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES WALKER 1526 DESTRAHAM

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) Interstitial Pneumonia

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) 7630

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 7:51 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick C. Taylor, Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 8.31.55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE SEPT. 2, 1955

24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK

24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.

DATE REC'D BY LOCAL REG. AUG 31 1955

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN STYEAR & SON FUNERAL HOME

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. W. Rester

Licensed Embalmer No. *398*

P. O. Address *H. R. Reis*

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.