

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18827

State File No.

1003

Registrar's No.

4334

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

I. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

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 (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital

e. STREET ADDRESS (If rural, give location) 21 2304 Cole

22 1/2

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)

(Type or Print)

Frances

Walker

4

29

56

5. SEX

6. COLOR OR RACE

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

8. DATE OF BIRTH

9. AGE (In years last birthday)

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

Female

Caucas

Single

7-18-1920

35

9

1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

12. CITIZEN OF WHAT COUNTRY?

Sewing

New Madrid MO,

U.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Harley Walker

Clara Lavigne

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

no

NONE

Clara Walker

2304 Cole St

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, ashenia, 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 (c)

Subdural Hematoma (Non traumatic)

Cerebellar Ruptured Aneurysm

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Fallopian Tubes: Left - Hydrosalpinx
Right - Hydrosalpinx

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)

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

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 4-25, 1956, to 4-29, 1956, that I last saw the deceased alive on 4-29, 1956, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

William L. Smiley

M.D.

2601 N. Whittier

5-1-56

24a. BURIAL, CREMATION REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

5-3-56

Oakdale

St. Louis MO

DATE REC'D BY LOCAL REG. MAY 3 1956

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

J. Earl Smith, M.D.

A. L. Beal, M.D.

4303 Delmon

I.P. (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 *Leah M. Bannister*.....

Licensed Embalmer No. *45*.....

P. O. Address *3880 E*.....

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.