

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25651**

FILED AUG 1 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **1718**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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 township) OR TOWN <b>Affton</b>		c. LENGTH OF STAY (In this place) Yrs. <b>4820</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9005 Coral Drive.</b>		e. STREET ADDRESS (If rural, give location) <b>9005 Coral Drive</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b>		b. (Middle) <b>H.</b>	
c. (Last) <b>Walker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 14, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 28, 1884</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tennessee</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Israil Gwinn</b>	
13b. MOTHER'S MAIDEN NAME <b>Rachael Murphy</b>		14. NAME OF HUSBAND OR WIFE <b>James T. Walker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>James T. Walker</b>		ADDRESS <b>9005 Coral Drive</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>Coronary atherosclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic cardiac vascular disease several yrs</b> DUE TO (c) <b>coronary atherosclerosis several yrs</b> 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) <b>4201</b>	
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?			
22. I hereby certify that I attended the deceased from <b>Feb 10, 1954</b> , to <b>July 14, 1956</b> , that I last saw the deceased alive on <b>July 14, 1956</b> , and that death occurred at <b>6:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Israil Gwinn</b>		23b. ADDRESS (Degree or title) <b>752 Lewis Ferry Rd</b>	
23c. DATE SIGNED <b>7-16-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 17, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-16-56</b>		REGISTRAR'S SIGNATURE <b>Herbert A. Doube</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Helderle</b>		ADDRESS <b>3634 Gravois Ave., St. Louis, Mo.</b>	

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.....

Licensed Embalmer No. 26

P. O. Address St. Louis

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.