

Health,
Welfare
Public
Service

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34271
STATE FILE NUMBER
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8318

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		c. CITY OR TOWN <i>St Louis</i>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		4. STREET ADDRESS (If outside, give location) <i>1382 Arlington</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>SCYTHE NMN WALKER</i>		4. DATE OF DEATH Month Day Year <i>AUGUST 30, 1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr 10, 1913</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>housewife</i>	11. BIRTHPLACE (City and state or country) <i>Oeloa, Ark</i>
13a. FATHER'S NAME <i>Frank Lanes</i>		13b. MOTHER'S MAIDEN NAME <i>Annie Whimple</i>	14. NAME OF HUSBAND OR WIFE <i>Hershel Walker</i>
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. <i>496-12-6769</i>	17. INFORMANT Address <i>Hershel Walker 1382 Arlington</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>UREMIA</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 YR.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>PYELONEPHRITIS</i>			<i>20 YRS.</i>
DUE TO (c) <i>600.0</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>HYPERTENSIVE CARDIOVASCULAR DISEASE 10 YRS.</i>			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year p.m. <i>11:00 AM</i>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>AUGUST 27, 1957</i> to <i>AUGUST 30, 1957</i> last saw her alive on <i>AUGUST 30, 1957</i> Death occurred at <i>7:15 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. P. Williamson M.D.</i> (Degree or title)		22b. ADDRESS <i>BARNES HOSPITAL</i>	
		22c. DATE SIGNED <i>8/31/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9.6.57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Father Dixon</i>		23d. LOCATION (City, town, or county) (State) <i>Webster Grove, Mo.</i>	
24. FUNERAL DIRECTOR <i>A. H. Burks</i> ADDRESS <i>350 1/2 Franklin</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 5 57</i>	
		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

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 *Arthur L. Heiliard*

Licensed Embalmer No. 4221
P. O. Address 3100 Canton

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.