

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38625
STATE FILE NUMBER
Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2493

FILED OCT 21 1957

Health,
& Welfare
S. Public
h Service

S. 300
v. 1-56

No symptoms will be listed. All
causes in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY St Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Affton 23, |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hosp. | | Length of stay in lb 7 Days | d. STREET ADDRESS 5466 So Lindbergh |
| 3. NAME OF DECEASED (Type or print) First William Middle W. Last Walker | | | 4. DATE OF DEATH Month Oct. Day 5th Year 1957 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec 10 1897 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter | | 10b. KIND OF BUSINESS OR INDUSTRY Self Emp. | 11. BIRTHPLACE (City and state or country) St Louis Co, Mo. |
| 13. FATHER'S NAME Moritz Walker | | 14. MOTHER'S MAIDEN NAME Mary | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs Laura Walker |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs (?) |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) Arteriosclerotic Heart Disease Many Years |
| | | | DUE TO (c) Generalized Arteriosclerosis Many Years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Chr. Fibrocystic Disease of Pancreas | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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 a. m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 JUNE 20-1956 to October 5, 1957 and last saw him alive on October 6, 1957 Death occurred at 6:12 pm m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE H. S. Nakada, MD (Degree or title) | | 22b. ADDRESS Humboldt Bldg. | 22c. DATE SIGNED 10/6/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment | 23b. DATE Oct 9 1957 | 23c. NAME OF CEMETERY OR CREMATORY Mt Hope Mausoleum | 23d. LOCATION (City, town, or county) (State) Lemay 23, Mo. |
| 24. FUNERAL DIRECTOR Fey Funeral Home ADDRESS Mehlville Mo. | | 25. DATE RECD. BY LOCAL REG. 10-9-57 | 26. REGISTRAR'S SIGNATURE Herbert R. Lombardi |

(Licensed Embalmer's Statement on Reverse Side)

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 *Elmer R. Sadwell*

Licensed Embalmer No. *40*

P. O. Address *Sh. L...*

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.