

STANDARD CERTIFICATE OF DEATH

3752  
STATE FILE NUMBER 212

FILED JAN 17 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 212

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-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 Mo</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St Louis Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Anthony Hosp</i>			Length of stay in 1b <i>7 days</i>		d. STREET ADDRESS (If outside, give location) <i>21640 4052 Siles Ave</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM JOSEPH WALKER</i>				4. DATE OF DEATH Month Day Year <i>Jan 7 1958</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>July 19 - 1896</i>		9. AGE (In years last birthday) <i>61</i>	IF UNDER 1 YEAR Months Days <i>5 78</i>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Engineer/Clark</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>U.S. Army Engineer</i>		11. BIRTHPLACE (City and state or country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Frank H Walker</i>			13b. MOTHER'S MAIDEN NAME <i>Emma Mae Wilkinson</i>		14. NAME OF HUSBAND OR WIFE <i>Jessie Walker Deceased</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <i>yes World War I</i>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mrs Mae Warren 706 N Central Clayton</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>Voluntarily of a redundant caecum with gangrene and peritonitis</i> DUE TO (b) _____ DUE TO (c) _____ 570.3							INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>massive myocardial infarction and diabetes mellitus</i>							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 Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR 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 <i>1-1-58</i> to <i>1-7-58</i> and last saw him alive on <i>1-7-58</i> Death occurred at <i>8:20 AM on 1/7/58</i> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Joseph E Don Kachel MD</i> (Degree or title)				22b. ADDRESS <i>6347 N. Grand Blvd</i>			22c. DATE SIGNED <i>1-8-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<i>Cremation</i>		<i>Jan 9 - 1958</i>	<i>Zions Cem</i>		<i>St Louis Co. Mo</i>			
24. FUNERAL DIRECTOR <i>W H Lockyer</i> ADDRESS <i>6536 Clayton Rd</i>			25. DATE RECD. BY LOCAL REG. <i>JAN 8 '58</i>		26. REGISTRAR'S SIGNATURE <i>J Carl Smith, M.D.</i> S.P.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms when deceased. All diseases in Part I must be causally related.

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 Elton R. Kamel .....

Licensed Embalmer No. 4283 .....

P. O. Address St. Louis, Mo. .....

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.