

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007932  
STATE FILE NUMBER  
1378

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

1378

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Glendale 46510</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hosp.</b>		Length of stay in 1b <b>10 days</b>	d. STREET ADDRESS (If outside, give location) <b>27 66 Frederick Lane</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MARY N WALKER</b>			4. DATE OF DEATH <b>Feb. 4th 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 27, 1873</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Wilmington, Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Clinton Nichols</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Fisher</b>		14. NAME OF HUSBAND OR WIFE <b>William Walker</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Katherine St. Clair 66 Frederick Lane</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMATOSIS</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) <b>CARCINOMA OF LEFT BREAST</b>					<b>5 yrs.</b>
DUE TO (c) <b>170T</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ARTERIO SCLEROTIC HEART DISEASE</b>					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 p.m.					
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 <b>10-19-54</b> , to <b>2-4-58</b> and last saw her alive on <b>FEB. 4, 1958</b> Death occurred at <b>FEB. 4, 1958</b> <b>10</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Robert Elcock M.D.</b> (Degree or title)			22b. ADDRESS <b>35 N. CENTRAL</b>		22c. DATE SIGNED <b>2.5.58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 7 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sugar Grove Cemetery</b>		23d. LOCATION (City, town, or county) <b>Wilmington, Ohio</b> (State)
24. FUNERAL DIRECTOR <b>A. H. Bocklage</b> ADDRESS <b>6536 Clayton Rd.</b>			25. DATE RECD. BY LOCAL REG. <b>FEB 5 '58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b> <b>mgb.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Stanley H. Dixon* .....

Licensed Embalmer No. *4193* .....

P. O. Address *St. 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.