

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023849

STATE FILE NUMBER

FILED JUN 27 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 6043

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases 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			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Patoka</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>Barnes Hospital</b>		Length of stay in lb <b>21 days</b>	d. STREET ADDRESS <b>32</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DELBERT</b> Middle Last <b>WALKER</b>			4. DATE OF DEATH Month <b>June</b> Day <b>11</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 23, 1943</b>		9. AGE (In years last birthday) <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>high school</b>	11. BIRTHPLACE (City and state or country) <b>Detroit, Michigan/</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13. FATHER'S NAME <b>Glenn Walker</b>			14. MOTHER'S MAIDEN NAME <b>Pauline Louise Kleysteuber</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>Glenn Walker Patoka, Illinois</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ( <b>Brain Injury.</b> ) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>E845.X</b> DUE TO (c) <b>46</b>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. <b>Subject was riding motorcycle while deceased was riding bike on highway near Patoka, Illinois on or about May 18, 1958 striking deceased in the head.</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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) <b>Striking deceased in the head.</b>			
20c. TIME OF INJURY Hour <b>7</b> a. m. <b>5</b> p. m. Month, Day, Year <b>5 18 58</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, hotel, office, pdg., etc.) <b>32 Sunday</b>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>near Patoka, Ill</b>			
21. I attended the deceased from <b>6:30 P.</b> to _____ and last saw her/him alive on _____ Death occurred at _____ in on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>James M Kelly Deputy</b>			22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>6-12-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>6-12-58.</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Patoka, Illinois</b>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>COX-MARTIN</b>		ADDRESS <b>Patoka, Illinois.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 12 1958</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith</b>

**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.....  
*Harmer N. J. E.*

Licensed Embalmer No. 38

P. O. Address *St. H.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.