

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032275
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 254

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN Washington		c. CITY OR TOWN Rural Meramec Twsp.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Frances Hosp. D.O.A.		d. STREET ADDRESS (If outside, give location) Highway 109	

3. NAME OF DECEASED (Type or print) First Middle Last Mary Pearl Walka			4. DATE OF DEATH Month Day Year Oct 5 1958		
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5. SEX Female	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 Jan 5 1941	9. AGE (In years last birthday) 17	10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Eureka High Sch.	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Walka Jr.	13b. MOTHER'S MAIDEN NAME Pearl Mary Kesselring	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Louis Walka Jr. Rt 1, Glencoe, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple skull fractures DUE TO (b) with concussion and DUE TO (c) lacerations of brain		INTERVAL BETWEEN ONSET AND DEATH 30 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) Slipped was passing in auto
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20c. TIME OF INJURY 3:00 p.m.	Month, Day, Year 10/5/58	20d. PLACE OF INJURY (e.g., in or about home, farm, city, street, office bldg., etc.) Highway 66	20e. CITY, TOWN, OR LOCATION Stanton	20f. COUNTY Franklin	20g. STATE Mo.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21. I attended the deceased from 10/5/58 to 10/5/58 and last saw her/him alive on 10/5/58
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21. Death occurred at 10/5/58 3:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE D. Stenback M.D.	22b. ADDRESS Creve Coeur Mo.	22c. DATE SIGNED 10/6/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-8-58	23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	23d. LOCATION (City, town, or county) (State) Creve Coeur Mo.
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24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin Mo.	25. DATE RECD. BY LOCAL REG. 10/6/58	26. REGISTRAR'S SIGNATURE J.P. Schumann
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 14 1958

OCT 14 1958

NOV 21 1958

DEC 29 1958

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 *Richard M. Bopp*

Licensed Embalmer No. *4584*

P.O. Address *Baltimore, Md*

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.