

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015897  
STATE FILE NUMBER  
2 3189

FILED APR 20 1959 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1</i>		Length of stay in 1b	d. STREET ADDRESS <i>2605 Hickory</i> (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle Last <i>Walker</i>			4. DATE OF DEATH Month <i>March</i> Day <i>28</i> Year <i>1959</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>3 Colored</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 3 1897</i>	9. AGE (In years) <i>62</i> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>House Wife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>McKinsey Tenn</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Wesley Alexander</i>	13b. MOTHER'S MAIDEN NAME <i>Ethel Nellis</i>	14. NAME OF HUSBAND OR WIFE <i>Henry Walker</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Ethel Walker</i> Address <i>2605 Hickory</i>
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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) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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? <i>2</i> YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 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
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21. I attended the deceased from Death occurred at <i>1:15P</i> <i>3-24-59</i> to <i>3-28-59</i> and last saw her/him alive on <i>3-28-59</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>W. Longstrecker M.D.</i> (Degree or title)	22b. ADDRESS <i>1515 Lafayette Ave.</i>	22c. DATE SIGNED <i>3-28-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>4-3-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) (State) <i>St Louis Co Missouri</i>
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24. FUNERAL DIRECTOR <i>Mrs S. J. Watson</i> ADDRESS <i>2769 Chouteau</i>	25. DATE RECD. BY LOCAL REG. <i>MAR 31 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.-Must use only standard instruments in item 7b. All diseases in Part I must be causally related.

300  
1-57  
7  
0

7:18 P

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 *H. E. Culbertson* .....

Licensed Embalmer No. *4198* .....  
P. O. Address *St. Louis* .....

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.