

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004426

FILED VS FEB 15 1960

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 292 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood, Mo.		Length of stay in lb MINS.	c. CITY OR TOWN Rock Hill, (19) Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION White Oaks Conv. Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9836 Oakhaven
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) ELBERT THOMAS WALKER	First Middle Last	4. DATE OF DEATH January 27, 1960	Month Day Year
--	-------------------	---	----------------

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 13, 1918	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	--	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Rep. Pitney-Bowes	10b. KIND OF BUSINESS OR INDUSTRY Metering Devices	11. BIRTHPLACE (City and state or country) Montgomery City, Mo.	12. CITIZEN OF WHAT COUNTRY USA
---	--	---	---

13a. FATHER'S NAME Ottie T. Walker	13b. MOTHER'S MAIDEN NAME Leta Oliver	14. NAME OF HUSBAND OR WIFE Louise Ballinger Walker
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. yes	17. INFORMANT Rock Hill, 19, Missouri Mrs. Louise Walker, 9836 Oakhaven
--	---------------------------------------	---

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 Sclerosis	INTERVAL BETWEEN ONSET AND DEATH 12 yrs.
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) Broncho-pneumonia	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOBIOGRAPHY 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. _____ p.m. Month, Day, Year _____

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 1948	COUNTY	STATE
--	--	---	--------	-------

21. I attended the deceased from _____ Death occurred at _____ _____ 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	_____ Jan. 27, 1960 and last saw him alive on _____ Jan. 26, 1960
--	---

22a. SIGNATURE George W. D'Amico, M.D.	(Degree or title)	22b. ADDRESS 600 N. Union Blvd.	22c. DATE SIGNED 1-28-60
--	-------------------	---	------------------------------------

23a. BURIAL, CREMATION REMOVAL (Specify) burial	23b. DATE Jan. 29, 1960	23c. NAME OF CEMETERY OR CREMATORY Laurel Hills Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
---	-----------------------------------	--	--

24. FUNERAL DIRECTOR C.R. Lupton & Sons, 7233 Delmar	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-28-60	26. REGISTRAR'S SIGNATURE John B. Muffley, M.D.
--	---------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Sakene

Licensed Embalmer No. 3564

P. O. Address St. Louis

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