URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028903
STATE FILE NUMBER

FILED VS. JUL 22 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6957

ENDED

1. PLACE OF DEATH
a. COUNTY ----------

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ------

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 40 yrs.

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2926 Dickson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle Last Walker

4. DATE OF DEATH Month July Day 8 Year 1960

5. SEX Male

6. COLOR OR RACE Colored

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-10-1912

9. AGE (last birthday) 48 — IF UNDER 1 YEAR Months 3 Days 28 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY American Car Foundry

11. BIRTHPLACE (City and state or country) Forrest City, Ark.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Bonnie Walker

13b. MOTHER'S MAIDEN NAME Hattie Tuggles

14. NAME OF HUSBAND OR WIFE Juanita Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 490-01-3131

17. INFORMANT Juanita Walker Address 2926 Dickson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma, Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 157x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 6-4-60, to 7-8-60 and last saw her/him alive on 7-8-60
Death occurred at 3:30 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William H. Sinkler, MD.

22b. ADDRESS 2601 N. Whittier St.

22c. DATE SIGNED 7-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 7-13-1960

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR Jas H. Randle & Son ADDRESS 3133 Bell Ave.

25. DATE RECD. BY LOCAL REG. JUL 11 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MDC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Esther K. Harris

Licensed Embalmer No. 445

P. O. Address 418 Wash

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