

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043215

FILED VS NOV 23 1960

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 229 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. CHARLES				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		Length of stay in lb 4 YEARS		c. CITY OR TOWN ST. LOUIS 20		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4013 BEACHWOOD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ANNA Middle — Last WALKER				4. DATE OF DEATH Month NOVEMBER 10, Day 1960 Year					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 4, 1865	9. AGE (last birthday) 95	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) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME MARTIN MUENCH			13b. MOTHER'S MAIDEN NAME ALVINA KNECHT			14. NAME OF HUSBAND OR WIFE HENRY WALKER			
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. NONE		17. INFORMANT Theophil Stoerker, ST. CHARLES, Mo.				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 2 day		
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) Arteriosclerosis Generalized					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? 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.)						
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		COUNTY		STATE	
21. I attended the deceased from 1958 to 1960 and last saw her alive on Nov 9, 1960			Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Wm H Roggemier MD				22b. ADDRESS St Charles, Mo.		22c. DATE SIGNED Nov 10, 1960			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE Nov. 11, 1960	23c. NAME OF CEMETERY OR CREMATORY ODD FELLOWS CEM.		23d. LOCATION (City, town, or county) (State) WASHINGTON Mo.				
24. FUNERAL DIRECTOR Nieburg + Vitt Inc. Washington, Mo			25. DATE RECD. BY LOCAL REG. Nov 17, 1960		26. REGISTRAR'S SIGNATURE Marelea Wilson				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

510
414
7102

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 Vernon S. Vedder

Licensed Embalmer No. 5031

P. O. Address Washington

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.