

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023296  
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5248**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hospital No. 1</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>922 Elliott Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Wendell</b> Last <b>Walker</b>				4. DATE OF DEATH Month <b>June</b> Day <b>4</b> Year <b>1961</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>8-4-82</b>		9. AGE (last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>self-employed</b>		11. BIRTHPLACE (City and state or country) <b>Pierce City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Josh Walker</b>				13b. MOTHER'S MAIDEN NAME <b>Ellen Thomas</b>				14. NAME OF HUSBAND OR WIFE <b>nil</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Simial Walker 2708 Gamble Street</b>				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) <b>2<sup>nd</sup> + 3<sup>rd</sup> Degree Burns of 40% of body;</b> DUE TO (b) <b>suffered in fire in home about 7:50 P.M.</b> DUE TO (c) <b>June 3<sup>rd</sup> 1961. accident</b>										INTERVAL BETWEEN ONSET AND DEATH			
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. <b>916-0-16</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
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.) <b>See above</b>									
20c. TIME OF INJURY Hour a.m. p.m. <b>7:50 p.m.</b>		Month, Day, Year <b>6-3-61</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>21 Home</b>		20f. CITY, TOWN, OR LOCATION <b>St Louis, Mo</b>		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <b>4:45 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Joseph M. Quinn Spivey, M.D.</b>						22b. ADDRESS <b>1300 Clark</b>			22c. DATE SIGNED <b>6-5-61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>6-9-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>				23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>		(State)			
24. FUNERAL DIRECTOR <b>Dement &amp; Son</b>				ADDRESS <b>2629-31 Cole Street</b>				25. DATE RECD. BY LOCAL REG. <b>JUN 5 1961</b>		26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 W. Taylor

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.