

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031481

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2520

AMENDED FILED SEP 13 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. - If institution: Residence before admission)	
a. COUNTY <u>ST LOUIS</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>	a. STATE <u>MO.</u> b. COUNTY <u>ST LOUIS</u>	c. CITY OR TOWN <u>UNIVERSITY CITY</u>
Length of stay in lb <u>MRS.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>856 OAKBROOK LANE</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARGARET (Margie) Walker</u>		4. DATE OF DEATH Month Day Year <u>Sept. 4, 1961</u>	
5. SEX <u>FEMALE</u>	6. COLOR OF RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>APR 4 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or Country) <u>ST. LOUIS MO</u>
13a. FATHER'S NAME <u>CHARLES WENIGE</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE MC DONALD</u>	14. NAME OF HUSBAND OR WIFE <u>Wm.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>EMMETT TUCKER 8217 MCKENZIE RD</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Fatty metamorphosis of liver</u>			
DUE TO (b) <u>Chronic ethanolism</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Focal colitis with ulceration</u>			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 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 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 <u>9-3-61</u> to <u>9-4-61</u> and last saw her <u>alive</u> on <u>9-4-61</u>			
Death occurred at <u>11:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert P. Howe MD</u>		22b. ADDRESS <u>601 S. Brentwood, Clayton Mo</u>	22c. DATE SIGNED <u>9/4/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT. 7, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS CO MO.</u>
24. EMERAL DIRECTOR ADDRESS <u>Thomas Kutis 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>9-6-61</u>	26. REGISTRAR'S SIGNATURE <u>J. M. W. [Signature]</u>

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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

Student _____
Signature of Student Embalmer

Signed Cody Thompson
Licensed Embalmer No. 4861

P. O. Address Blaine 5, Me

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.