

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10152 STATE FILE NUMBER -61-039340

1. PLACE OF DEATH
 a. COUNTY **St. Louis Missouri**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN _____ Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **D.O. A. Homer G. Phillips** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4414 Maffitt Ave Apt 12** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Mandy** Middle **Walker** Last _____
 4. DATE OF DEATH Month **October** Day **28** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **Col** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **Jun 20 07** 9. AGE (last birthday) **54**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Housewife** 11. BIRTHPLACE (City and state or country) **Oxford Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **Solman Mcgee** 13b. MOTHER'S MAIDEN NAME **Bertha Thompson** 14. NAME OF HUSBAND OR WIFE **Mr William 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. **No** 17. INFORMANT **Mr William Walker** Address **4414 Maffitt Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary Infarct**
 DUE TO (b) _____
 DUE TO (c) **4201**

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

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 _____ to _____ and last saw her/him alive on _____
 Death occurred at **6:15 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave.** 22c. DATE SIGNED **10-30-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11/3/61** 23c. NAME OF CEMETERY OR CREMATORY **Greenwood** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo**

24. FUNERAL DIRECTOR **Herman J. Smith** ADDRESS **4247w Labadie Ave** 25. DATE RECD. BY LOCAL REG. **NOV 1 1961** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

OFFICE OF THE STATE EMBALMER

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 Arthur P. Hubbard

Licensed Embalmer No. 4221

P. O. Address 3100 Eastman

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.