

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039726
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3109

1. PLACE OF DEATH 15 1961

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) Olivette Length of stay in 1b 39 years

c. CITY OR TOWN Olivette Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 136 E. Jackson Rd. Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE Missouri COUNTY St. Louis

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

4. DATE OF DEATH Month November Day 3 Year 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 1-19-1873 9. AGE (last birthday) 88

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (City and state or country) Mandaville, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William C. Baird 13b. MOTHER'S MAIDEN NAME Janie L. Earickson 14. NAME OF HUSBAND OR WIFE Edmon S. 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. -- 17. INFORMANT Address Miss Mary C. Walker, 136 S. Jackson Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with Decompensation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Vascular Occlusion

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH years
4mos.

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 _____ 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 Feb. 25, 1943 to 11-3-61 and last saw her/him alive on 10-31-61

Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edmund P. Westrup M.D. 22b. ADDRESS 8540 Big Bend 22c. DATE SIGNED 11-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (R.R.) 23b. DATE 11-5-61 23c. NAME OF CEMETERY OR CREMATORY Smith Cemetery 23d. LOCATION (City, town, or county) (State) Carroll County, Mo.

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, 6175 Delmar Blvd. 25. DATE RECD. BY LOCAL REG. 11-4-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

Dr. Ellsworth A. Westrup

~~204 E. Big Bend~~

8540 Big Bend

Phone: WO 1-0138

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 Jos. E. McCulloch

Licensed Embalmer No. 2768

P. O. Address 6175 Delma

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.