MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013721
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 947

FILED MAR 27 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS-300 Rev. 4/59

1	4005
2	4005
3	
4	1
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12	46-0
13	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights — Length of stay in 1b: YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Richmond Heights — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1100 Bellevue Avenue — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Sister — Middle: Rose Miriam — Last: Walker

4. DATE OF DEATH: Month: March — Day: 19 — Year: 1962

5. SEX: F
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: January
9. AGE (last birthday): 62 — 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): NUN
10b. KIND OF BUSINESS OR INDUSTRY: Religious Worker
11. BIRTHPLACE (City and state or country): Sparland, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edgar Rozell Walker
13b. MOTHER'S MAIDEN NAME: Della Bush
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Sister Mary Francine, SSM, Address: 1100 Bellevue

MEDICAL CERTIFICATION

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)	Pulmonary Congestion & Edema	72 hrs
DUE TO (b)	Third degree Heart Block	72 hrs
DUE TO (c)	Arteriosclerotic Heart Disease	years

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): Rheumatoid Arthritis

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 Feb. 1962, to Mar. 1962 and last saw her/him alive on Mar. 19 1962
Death occurred at 10:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. J. Dames M.D.
22b. ADDRESS: 9313 Manchester
22c. DATE SIGNED: 3/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar 22-1962
23c. NAME OF CEMETERY OR CREMATORY: Resurrection
23d. LOCATION (City, town, or county): St Louis (State): Mo

24. FUNERAL DIRECTOR: A H Bockeagr — ADDRESS: 6536 Clayton Rd
25. DATE RECD. BY LOCAL REG.: 3-21-62
26. REGISTRAR'S SIGNATURE: John C. Murphy Md

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis Mo

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.