

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10251

**1. PLACE OF DEATH**

County St. Louis Registration District No. 333  
 Township St. Ferdinand Primary Registration District No. 4408  
 City Ferguson Town (No. Garfield Ave. & Airport Rd. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 58

**2. FULL NAME** Myrtle L. Walker

(a) Residence, No. \_\_\_\_\_ Garfield & Airport Rds. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward C. Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26th, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

13. NAME Jerome J. Robins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Harriol Farman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Edward Walker  
Garfield & Airport Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE March 16th, 34

19. UNDERTAKER (ADDRESS) Whehmann Funeral  
1905 Union Blvd.

20. FILED Mar. 14 1934 H. A. Zeidler Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

From history of case, patient was obese, Chr. arterio scleroris, Chr. high-blood pressure, and was under constant supervision of Dr. Roy Johnson, Ferguson, Mo. Pt. got up about 3am and started thru the hall, and whether she missed her step, or became dizzy from high blood pressure is questionable

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Coroner's view Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Luke R. Simon 3/14/34 M.D.

(Address) 378 Grand St. St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

nevertheless she fell down the stairs, leading from the third floor to 2nd floor, cutting large gash in the posterior occiput region, causing basial fracture. She was immediately attended by Dr. Johnson, from the time she fell until her demise 11:15 am. All statements from the different members of the family varify the above as to patient's prolonged illness and being under the care of Dr. Johnson for the past four years. Coroner s view and examination also varify above.