

REC'D FEB 10 1939

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

428  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **4561 Laclede Ave** St. **19**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lucy W. Walker**

(a) Residence, No. **4561 Laclede Ave** St. **19** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George E. Walker**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 10th 1852**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**86** **3** **2** **17**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 12 1939**  
22. I HEREBY CERTIFY, That I attended deceased from **Mar 18 1938** to **Jan 12 1939**  
I last saw her alive on **Jan 12 1939** Death is said to have occurred on the date stated above, at **4:30 P.M.**  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

**Myocardial Insufficiency**  
**Senility**  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) **Potosi** (STATE OR COUNTRY) **Mo**

Other contributory causes of importance:  
**Fracture neck of T. vertebrae Mar 18 38**

13. NAME **Samuel Perry**  
14. BIRTHPLACE (CITY OR TOWN) **Potosi** (STATE OR COUNTRY) **Mo**

15. MAIDEN NAME **Ann E. Wallace**  
16. BIRTHPLACE (CITY OR TOWN) **Potosi** (STATE OR COUNTRY) **Mo**

17. INFORMANT **Clarence P. Walker** (ADDRESS) **4561 Laclede Ave**

18. BURIAL ~~PREPARED FOR~~ REMOVAL PLACE **Potosi, Mo** DATE **Jan 15th 1939**

19. FUNERAL DIRECTOR (NAME) **Wagoner Und. Co** (ADDRESS) **3621 Olive Street**

20. FILED **JAN 13 1939** **J. D. Beckwith** Local Registrar

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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 **3-18-39**  
Where did injury occur? **Home St. Louis Mo**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **In home**  
**slipped while walking across floor base of st. fence**  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify **Retarded** M. D.  
(Signed) **Corlotta Kelly**  
(Address)

Dr. J. A. Leibold  
Carlton Bldg  
12-2-4-5 Rm.

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed

*Neville B. Frohwitter*

Licensed Embalmer No.

*3696*

P. O. Address

*3621 Olive St.*

**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 this body is not embalmed, above space should be left blank.**