

EW Hancock

JAN 12 1940

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

41674
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis, Mo. Registration District No. 808
 (b) Township St. Louis Primary Registration District No. 1003 Registered No. 10799
 (c) City St. Louis (d) Street No. Bethesda Hospital 3649 Vista St. St.
 (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.
426 Betty Jean Walker
 2. PRINT FULL NAME
 (a) Residence, No. MALDEN, Mo. St. MALDEN, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CHILD
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 13, 1934
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 8 17 5
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MALDEN, Mo.
 FATHER
 13. NAME MELVIN WALKER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.
 MOTHER
 15. MAIDEN NAME EVA POWERS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) FATHER MELVIN WALKER MALDEN - Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE MALDEN, Mo. DATE 12/20/1939
 19. FUNERAL DIRECTOR (ADDRESS) A. H. Hoopie 4709 WASHINGTON AVE
 20. FILED DEC 16 1939 J. B. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1939
 22. I HEREBY CERTIFY, That I attended deceased from December 17 1939, to December 18 1939
 I last saw her alive on December 17 1939. Death is said to have occurred on the date stated above, at 12:25A m.
 The principal cause of death and related causes of importance were as follows:
Rheumatic myocarditis, terminal pulmonary edema Date of onset
 Other contributory causes of importance: 56
 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, 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? No
 If so, specify.
 (Signed) Engine Pitts II, M. D. M. D.
 (Address) 3649 Vista Ave., 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by
working under my personal supervision.

....., Registered Apprentice No.
Signed *Albert G. Happe*

Licensed Embalmer No. *2971*

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.)