S. No. 2
M—5-42
5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36030

FILED DEC 1 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9700

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnard Skin & Cancer Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17 189
(If outside city or town limits, write "RURAL")

(d) Street No. 1471 So. Vandeventer Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clara Louise Walker Clara Louise Walker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Morris Walker

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 31 (Day) 1887 (Year)

8. AGE: Years 54 Months 11 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Schmidt
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louise Hazel
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Myrtle Koenig
(b) Address 1471 So. Vandeventer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) NOV 21 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th year 1942 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 10-23, 1942, to 11-20, 1942 that I last saw her alive on 11-20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of urinary bladder	12 month
Due to: secondary anemia	6 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death) 57	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. J. Verda (M. D. or other) 0
Address Barnard Cancer Hosp. Date signed 11-20-42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed... Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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, fact should be so stated above.