

S. No. 2
M-2-43
5-17-39
PI X3567

20127

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 13 1948

6044

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 months
(Specify whether Life)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4627 Enright
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARA T. WALKER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Earl 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May 5th 1923
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>1</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Herbert Varney

13. Birthplace Haverhill Mass. (City, town, or county) (State or foreign country)

14. Maiden name Florence Finks

15. Birthplace Hannibal, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Earl Walker

(b) Address 4627 Enright

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2nd 43. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director a.w.m. Laughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUL 2 1948 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1943 hour 5 minute 20 a.m.

21. I hereby certify that I attended the deceased from Apr. 28 1943 to June 30 1943; that I last saw her alive on June 29 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Abscess multiple with septic non-tuber cul 51 days
Due to Septic Pneumonia 3a
Due to Salpingitis Ovarian. 8

Other conditions: 1/29/43
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Lung Abscess. Salpingitis Fibrous Pleuras R.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bredek (M. D. or other)

Address 3320 1/2 Grand. Date signed 6-20-43

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

MOTHER FATHER

10
17
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842

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette ave

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.