

FILED JAN 12 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2568

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Affton Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Green Park Road Box 1770 Rt. 14
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Affton
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 14 Green Park Road.
(If rural, give location)

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

3. (a) PRINT FULL NAME Regina Walker

3. (b) If veteran, name war None

3. (c) Social Security None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased December 22 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 13, 1944, to Dec 19, 1944, that I last saw her alive on Dec 18, 1944, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>11</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

Immediate cause of death Lobar pneumonia Duration 3 days

Due to _____

Due to 108

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Holdener

{ 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Schuler

{ 15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Walker

(b) Address Rt. 14 Affton, Mo.

17. (a) Burial (b) Date thereof Dec. 23, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) DEC 26 1944 (b) E. J. McLaughlin
(Date received local registration) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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) Manner of injury fall

Signature E. J. McLaughlin (M. D. or other) _____
Address Remay R8 Mo Date signed 12/23/44

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

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00

Dr. W. W. W. W.

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Jersey Street*

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.