

Registration District No. **318**

Primary Registration District No. **1003**

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:  
3221a Alfred Ave.  
(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)

3: (a) PRINT FULL NAME Caroline Walker  
3. (b) If veteran, name war. -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased Nov. 11 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 7 25 hr. min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles O. Walker  
(b) Address 3221a Alfred Ave.

17. (a) Burial (b) Date thereof 7/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Heldler  
(b) Address 3634 Grayois Ave.

19. (a) JUL 8 1948 (b) J. F. Brodack  
(Date received local registrar) (Registrar's signature)

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. 3221a Alfred Ave.  
16 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from April  
1948 to July 6 1948  
that I last saw her alive on July 6 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation  
Due to Hypertension  
Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death) 75

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 3D.  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature D. J. Johnson (M. D. or other) MD  
Address 6400 Morganford Date signed 7-7-48

WRITE PLAINLY—USE UNFADING INK—WRITE A PERMANENT RECORD

---

---

**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..... *Deliv J. Krupin*  
Licensed Embalmer No. *3497*  
P. O. Address... *3634 Graves*

**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.**