No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28303

Registrar's No. 2381

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Via motor

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: St. John's Hospital
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 Timberlake Ave.
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertie Esther 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 married
6. (b) Name of husband or wife Howard E. Walker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Spetember 7, 1896 (Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Herman Ficke
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Sarah Brown
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Howard E. Walker
(b) Address 1815 Timberlake Ave.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Gerald, Missouri
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) AUG 23 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st year 1948 hour 10:50 minute P.M.

21. I hereby certify that I attended the deceased from June 24, 1948, to aug 20, 1948 that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	5 days
Renal insufficiency	2 wks
Due to Chr. Interstitial nephritis	6 mon
Mitral regurgitation	6 mon
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above plus Hemorrhage into myocardium

PHYSICIAN
Underline the cause of 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 L. H. Sauger (M. D. or other) M.D.
Address 4952 Maryland Date signed 8/23/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. S. H. Pranger (Vk 3064
4950 Maryland Re 5558

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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 Warren G. Carver

Licensed Embalmer No. 3534

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.