

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3494

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>St. Louis.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6351 Lena</u>		d. STREET ADDRESS (If rural, give location) <u>6351 Lena</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey R.</u> b. (Middle) <u>Walker</u> c. (Last) <u>R. Walker.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 14 1950</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/1/1897</u>	9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>10</u>	11. DAYS <u>13</u>	12. HOURS <u>13</u>	13. MINUTES <u>13</u>
-----------------------	----------------------------------	--	-------------------------------------	--	--	-------------------------	-----------------------	------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	-----------------------------------	--	---	--	---	--

13a. FATHER'S NAME <u>Thomas P. Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Cosby</u>		14. NAME OF HUSBAND OR WIFE <u>Winifred Walker.</u>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-01-9759</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Winifred Walker.</u>		ADDRESS <u>6351 Lena, Ave.</u>	
---	--	---	--	--	--	-----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Disease - Degenerate. - Severe</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
ANTECEDENT CAUSES <i>Marble conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Old healed Tuberculosis?</u>		DUE TO (c) <u>Carcinoma - Gastric?</u>		<u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>See B and C Above</u>				<u>151X A</u>	

19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION <u>--</u>		20. AUTOPSY? <u>151X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
-------------------------------------	--	---	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>	
--	--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>--</u>	
---	--	--	--	---	--

22. I hereby certify that I attended the deceased from January 9, 1950, to January 14, 1950, that I last saw the deceased alive on January 11, 1950, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Barney Whinnel MD.</u> (Degree or title) <u>✓</u>		23b. ADDRESS <u>6510 W. Florissant, St. Louis</u>		23c. DATE SIGNED <u>1/16/50</u>	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/17/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
--	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>1-16-50</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Double, MD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos Carroll Funeral Home</u>		ADDRESS <u>4600</u>	
--	--	--	--	--	--	------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

2527 75-20

---

---

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. 40578

P. O. Address At Davis

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.