

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18747
State File No. 4149
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2119</u>	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>Announced dead on Arrival at HOMER G. PHILLIPS HOSPITAL</u>	
d. HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>4210 E Garfield Ave. 0</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> (Type or Print)		b. (Middle) <u>Esther</u> c. (Last) <u>Walker</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 50</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>Col.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 8th, 1914</u>	
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	
11. BIRTHPLACE (State or foreign country) <u>Greenwood Miss</u>		12. CITIZEN OF WHAT COUNTRY <u>1</u>	
13a. FATHER'S NAME <u>Jim Neal</u>		13b. MOTHER'S MAIDEN NAME <u>Lucenda Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</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>490-26-5877</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Marsh</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS <u>2501 Bacon St.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Necrotizing Right Lobar Pneumonia</u> DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>490 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:21 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Patrick E. Taylor</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>1900 Clark</u>	
23c. DATE SIGNED <u>5. 8. 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Foster</u>	
25. ADDRESS <u>Price & Dozier 2829 Washington.</u>		DATE REC'D BY LOCAL REG. <u>8 1950</u>	

STATEMENT BY LICENSED EMBALMER

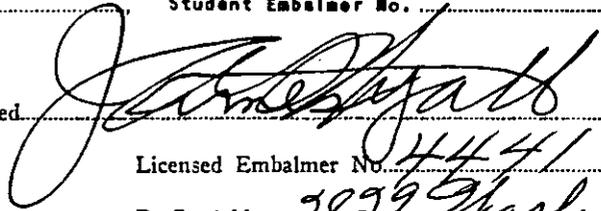
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.