S. No. 300
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FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18901

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4464 Registrar's No. 2295

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9912-Driver Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
d. STREET ADDRESS (If rural, give location): 9912-Driver Avenue

23 423X 0

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Reiley
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 19, 1866
9. AGE (In years last birthday): 85 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Sparta, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Reiley Walker
13b. MOTHER'S MAIDEN NAME: Rebecca McElvey
14. NAME OF HUSBAND OR WIFE: Living Ded.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Helen Winterbottom
ADDRESS: 9912-Driver Overland

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Sclerosis
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: Feb. 1950 to May 29-51

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 420.1
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 18-50, 1950, *to* May 29, 1951, *that I last saw the deceased alive on* May 26, 1951, *and that death occurred at* 4:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. R. Reiley M.D. (Degree or title)
23b. ADDRESS: 9438 Lockland
23c. DATE SIGNED: May 29-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-31-51
24c. NAME OF CEMETERY OR CREMATORY: Marissa, Ill.
24d. LOCATION (City, town, or county) (State): via Motor

DATE REC'D BY LOCAL REG.: 5-29-51
REGISTRAR'S SIGNATURE: Robert A. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Blumann Bros. Inc.
ADDRESS: 2501-Woodson Rd-Overland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 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 343-

.....,

working under my personal supervision.

Student Embalmer No.....

Signed David E. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14

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.