

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18652**
Registrar's No. **4880**

BIRTH NO. **33181** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 10hrs 55mins | | d. STREET ADDRESS (If rural, give location) 4218 Fairfax | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips | | e. STREET ADDRESS | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Pheotis b. (Middle) (Twin # 2) c. (Last) Walker | | 4. DATE OF DEATH (Month) (Day) (Year) 5 17 52 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1 | 8. DATE OF BIRTH 5-17-52 |
| 9. AGE (In years last birthday) | | 10. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Gushner Walker | | 13b. MOTHER'S MAIDEN NAME Lucille Hull | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Arthur M. Sherard, R.R. 2601 N. Whittier | |
| 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 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ 18. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature birth | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR 7605 | | 22. I hereby certify that I attended the deceased from 5-17-1952 , to 5-17-1952 , that I last saw the deceased alive on 5-17-1952 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above. | |
| 23a. SIGNATURE M. D. O. | | 23b. ADDRESS 2601 N. Whittier | |
| 23c. DATE SIGNED 5-21-52 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) | |
| 24b. DATE 5-31-52 | | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service | |
| DATE REC'D BY LOCAL REG. MAY 27 1952 | | REGISTRAR'S SIGNATURE J. Carlsmith M.D. | |
| 25. FUNERAL DIRECTOR'S ADDRESS 4104 Manchester Ave. | | 26. LICENSED EMBALMER'S STATEMENTS ON REVERSE SIDE | |

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

No. 300
10.48

MAILED JUN 18 1952

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 _____

Licensed Embalmer No. _____

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.

