

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **36970**
Registrar's No. **9706**

BIRTH NO. _____ 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 **Mo.**
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** **2139**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Stone Nursing Home 4373**

d. STREET ADDRESS (If rural, give location) **W. Pine 2717 January Ave.**

3. NAME OF DECEASED
a. (First) **LENA** b. (Middle) _____ c. (Last) **WALLING** **4. DATE OF DEATH** (Month) (Day) (Year) **Oct. 21 1952**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widow** **8. DATE OF BIRTH** **May 16, 1869** **9. AGE** (In years last birthday) **83** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housework** **11. BIRTHPLACE** (City and State or Foreign Country) **St. Louis, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and State or Foreign Country) **St. Louis, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U**

13a. FATHER'S NAME **John Rickert** **13b. MOTHER'S MAIDEN NAME** **Mary Maschman** **14. NAME OF HUSBAND OR WIFE** **Late Conrad Walling**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Joseph Walling** **ADDRESS** **5622 Pernod Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Atypical Pneumonia acute**
ANTECEDENT CAUSES
***This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.**
Hyperemic Cardio-vascular DUE TO (b) **10 yrs**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Renal Disease** DUE TO (c) **Generalized Arteriosclerosis** **10 yrs**
II. OTHER SIGNIFICANT CONDITIONS*
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **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) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **442X**

22. I hereby certify that I attended the deceased from **29 June, 1952**, to **21 Oct, 1952**, that I last saw the deceased alive on **20 Oct, 1952**, and that death occurred at **5:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Richard H. May, M.D.** (Degree or title) **23b. ADDRESS** **5930 Southwestern** **23c. DATE SIGNED** **22 Oct 52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **Oct. 23, 1952** **24c. NAME OF CEMETERY OR CREMATORY** **St. Paul Churchyard** **24d. LOCATION** (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REGISTRAR **OCT 22 1952** **REGISTRAR'S SIGNATURE** **J. Carl Smith M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Kriegshauser** **ADDRESS** **4228 S. Kingshighway Bl**

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William S White

Licensed Embalmer No. 4291

P. O. Address 4228 La Kings Highway

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.