

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1035

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Saint Louis</u> | | a. STATE <u>Missouri</u> b. COUNTY | |
| c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Saint Louis</u> <u>2229</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u> | | d. STREET ADDRESS (If rural, give location) <u>22 2639 Spruce</u> <u>0</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Rosie</u> | | a. (First) | | b. (Middle) | | c. (Last) <u>Walker</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25, 1953</u> | |
| 5. SEX <u>3</u> <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | | 8. DATE OF BIRTH <u>July 16, 1895</u> | | 9. AGE (In years last birthday) <u>57</u> | | # UNDER 1 YEAR Months <u>6</u> Days <u>9</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Columbus, Mississippi</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>James Gaston</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ella Brownrigg</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edmond 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>?</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>James Walker 1000 N. 19th St.</u> | |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| DUE TO (b) <u>Myocardial Infarction</u> | | | |
| DUE TO (c) <u>Acute Pulmonary</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Oedema</u> | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>4342</u> | |

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 6:01 p.m., from the causes and on the date stated above.

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|--|--|-------------------|--|-----------------------------------|--|--------------------------------------|--|
| 23a. SIGNATURE <u>Gabriel E Taylor, Coroner</u> | | (Degree or title) | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>1. 29. 53</u> | |
|--|--|-------------------|--|-----------------------------------|--|--------------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Jan. 30, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Wash. Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>JAN 29 1953</u> | | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Kuncio</u> | | ADDRESS <u>1221 N. Grand Blvd.</u> | |
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E.B. (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 Geoffrey Swann

Licensed Embalmer No. 4580

P. O. Address 1221st Grand

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.