

FILED FEB 3 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 3891

Registrar's No. 0660

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 3891	
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 OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		<u>2229</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>22 1414 a Papin</u>			
3. NAME OF DECEASED (Type or Print) <u>Winifred</u>		a. (First)		b. (Middle)		c. (Last) <u>Walls</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>16</u>		(Year) <u>1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>Oct. 12, 1901</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR <u>3</u> Months		IF UNDER 24 HRS. <u>3</u> Hours		IF UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Armour &amp; Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri, St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Chancellor Walls</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Estelle</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wesley J. Jiles</u> ADDRESS <u>801 Biwell, Madison</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Depressive Psychosis</u>		DUPLICATE OF (b) <u>Undetermined</u>				Undet.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUPLICATE OF (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				_____	
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? <u>309X</u>			
22. I hereby certify that I attended the deceased from <u>1-8</u> , 19 <u>53</u> , to <u>1-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-16</u> , 19 <u>53</u> and that death occurred at <u>8:20p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert J. Brown, M.D.</u> (Degree or title) <u>D. O.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>1-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>JAN 20 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Nash</u> ADDRESS <u>3847 Page</u>		_____	

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 Mr. James Ash  
Licensed Embalmer No. 4734

P. O. Address 3847 Baye

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.