

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4398

State File No. _____

BIRTH NO. _____ FILED JAN 30 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 70212

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood, Mo. 4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		d. STREET ADDRESS (If rural, give location) Crystal Lake Village	

3. NAME OF DECEASED (Type or Print) a. (First) Nettie b. (Middle) E. c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) Jan 20 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan 1 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) LaCrew Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME David L Houser		13b. MOTHER'S MAIDEN NAME Sananthia Unknown		14. NAME OF HUSBAND OR WIFE John Charles Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.L. Walker Crystal Lake Village	

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		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of abdomen		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma of ovary DUE TO (c) Senescence		
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 175X	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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 1, 1951** to **Jan 20, 1953**, that I last saw the deceased alive on **Jan 19, 1953**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Henry F. Scott M.D.	(Degree or title)	23b. ADDRESS Ballwin Mo.	23c. DATE SIGNED Jan 20-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Jan 21 53	24c. NAME OF CEMETERY OR CREMATORY Missouri Cremation	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 1-21-53	REGISTRAR'S SIGNATURE Herbert R. Donohue	FUNERAL DIRECTOR'S SIGNATURE W. E. Schum	ADDRESS 3125 Lafayette Ave.
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(Licensed Embalmer's Signature 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

Joseph Volkmann

Licensed Embalmer No. *114*

P. O. Address *3125 1st Street*

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.