

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23347

State File No. ....

FILED JUL 8 - 1953  
BIRTH NO. 19724 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1718

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>		c. CITY OR TOWN <u>Jennings</u>	
c. LENGTH OF STAY (In this place) <u>3 Months</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7346 Calvin</u>		e. STREET ADDRESS (If rural, give location) <u>7346 Calvin</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Robert</u>	b. (Middle) <u>Keith</u>	c. (Last) <u>Walker</u>	(Month) <u>June</u>	(Day) <u>20</u>	(Year) <u>1953</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>March 14, 1953</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR <u>3</u> Months	IF UNDER 24 HRS. <u>6</u> Days	IF UNDER 1 HR. <u></u> Hours	IF UNDER 15 MIN. <u></u> Min.
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10a. USUAL OCCUPATION (If a kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jennings St. Louis County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Oscar Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Walker</u>	ADDRESS <u>7346 Calvin Jennings</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural cause</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>7/9/53</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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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 \_\_\_\_\_, Missouri, from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Donke</u> (Degree or title) <u>M.D., Local Registrar</u>	23b. ADDRESS <u>651 S. Brentwood Blvd.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 22 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</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>6-22-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz-Koeller</u>	ADDRESS <u>5967 W. Florissant</u>
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

4009

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.....  
Signature of Student Embalmer

Signed.....  
*J. W. Wilkinson*

Licensed Embalmer No. *15*

P. O. Address *11 Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.