

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30506

FILED AUG 20 1953

State File No. _____
Registrar's No. **7009**

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. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			e. STREET ADDRESS (If rural, give location) 1129 Bellerive Blvd. 2019		
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) C.	c. (Last) WALKUP	4. DATE OF DEATH (Month) (Day) (Year) July 15 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 11, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 4 HRS. Hours _____ Min. _____	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. Mary's, Ohio	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Lewis P. D. Carr		13b. MOTHER'S MAIDEN NAME Mary Kelsey	14. NAME OF HUSBAND OR WIFE Roscoe Walkup
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. None	17. INFORMANT'S SIGNATURE OR NAME Roscoe Walkup ADDRESS 1129 Bellerive Blvd.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Generalized arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio-sclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH one hour 30 years years years
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X		
22. I hereby certify that I attended the deceased from June 19 32 to July 15, 1953 , that I last saw the deceased alive on July 12, 1953 , and that death occurred at 7:00P m., from the causes and on the date stated above.					
23a. SIGNATURE H. G. Newmark M.D. (Degree or title)		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 7-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 17, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.		
DATE REC'D BY LOCAL REG. JUL 16 1953		REGISTRAR'S SIGNATURE J. C. Schmidt	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshausen ADDRESS 4228 S. Kingshighway Bl.		

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.....
Signature of Student Embalmer

Signed Dale A. Stammann

Licensed Embalmer No. 453

P. O. Address St Louis

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.