

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

State File No. **7210**

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **443**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Heights</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>12 hrs.</b>		e. STREET ADDRESS (If rural, give location) <b>4385 Maryland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Julia</b>	b. (Middle) <b>Elizabeth</b>	c. (Last) <b>Walker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 16, 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 27, 1871</b>	9. AGE (In years last birthday) <b>83</b> # UNDER 1 YEAR Months   # UNDER 2 WKS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hermann, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Unknown Loeb</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Eberlin</b>	14. NAME OF HUSBAND OR WIFE <b>Anton</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>B.A. Wagner, Hermann, Mo.</b>

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) <b>Cerebro-vascular thrombosis?</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1/2 day</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary artery disease</b>			<b>9027</b>

19a. DATE OF OPERATION <b>2/16/54</b>	19b. MAJOR FINDINGS OF OPERATION <b>No evidence of subdural hematoma.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., bar or about home, factory, street, etc.) <b>Baron's Restaurant</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo 200</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2/16/54</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell out of bed</b>

22. I hereby certify that I attended the deceased from **2/16**, 19**54** to **2/16**, 19**54**, that I last saw the deceased alive on **2/16**, 19**54**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. A. Andrew</b> (Degree or title)	23b. ADDRESS <b>Beaumont Hotel Bldg</b>	23c. DATE SIGNED <b>2/17/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-17-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City</b>
24d. LOCATION (City, town, or county) (State) <b>Hermann, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>2-18-54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domb, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hugo H. Blumer, Hermann, Mo.</b>
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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..... *Paul A. Wachter*

Licensed Embalmer No. *478*

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.