

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25382**
Registrar's No. **6351**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 25382 | | Registrar's No. 6351 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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 (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospt | | | | d. STREET ADDRESS (If rural, give location) 3272 Sulphur Ave | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Anna | | b. (Middle) L. | | c. (Last) Walker | | 4. DATE OF DEATH (Month) (Day) (Year) July 12 1954 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Feb 24 1887 | | 9. AGE (in years last birthday) 67 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Volunteer Worker | | | | 10b. KIND OF BUSINESS OR INDUSTRY Red Cross | | 11. BIRTHPLACE (State or foreign country) St. Louis Mo. | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13a. FATHER'S NAME Henry Ziegenheim | | | 13b. MOTHER'S MAIDEN NAME Catherine Henkel | | | 14. NAME OF HUSBAND OR WIFE Robert Norman Walker | | | | | |
| 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 ADDRESS L.H. Jostes 4247 Flora 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) Carcinoma of pancreas ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Liver and abdominal metastasis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 mo. 4 mo. | |
| 19a. DATE OF OPERATION 4/3/54 | | 19b. MAJOR FINDINGS OF OPERATION Tumor of pancreas, cholecystitis chr. with obstruction | | | | | | 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? 157X | | | | | | | |
| 22. I hereby certify that I attended the deceased from 5/6/50 , 19____, to 7/19/54 , 19____, that I last saw the deceased alive on 7/19/54 , 19____, and that death occurred at 6:10 P.M. on 7/19/54 , 19____, from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Heinrich Anton M.D. | | | | | | 23b. ADDRESS 3606 Gravois, St. Louis, Mo | | | 23c. DATE SIGNED 7/13/54 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE July 14 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | | | | |
| DATE REC'D BY LOCAL REG. JUL 13 1954 | | REGISTRAR'S SIGNATURE Carl Smith | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros 2201 S. Grand Blvd. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

Dr. J. Lewis Hutton

3606 Gravois

Pr. 60568

1 to 3

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 VE Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

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.