

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1955

State File No. **44102**
Registrar's No. **11554**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11554	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2249			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		4. 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. LOUIS CITY HOSPITAL #1				e. STREET ADDRESS (If rural, give location) 2748 WINNEBAGO ST			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE			b. (Middle) F		c. (Last) WALKER		4. DATE OF DEATH (Month) (Day) (Year) 12 19 54
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 2 APRIL - 29 - 1878		9. AGE (In years last birthday) 76	# UNDER 1 YEAR Months	# UNDER 1 M. Hours Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) Seagewickville, MO		12. CITIZEN OF WHAT COUNTRY? U-S-A	
13a. FATHER'S NAME WILLIAM DAUGHTERY			13b. MOTHER'S MAIDEN NAME MARY YATES		14. NAME OF HUSBAND OR WIFE EDWARD - Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME 6200 Walker 2229 S 9th St. ADDRESS _____			
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) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive failure DUE TO (c) & Pulmonary Edema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from 12-13 , 1954, to 12-19 , 1954, that I last saw the deceased alive on 12-19 , 1954, and that death occurred at 5:00 P m., from the causes and on the date stated above.							
23a. SIGNATURE Jim H. Maier (Degree or title) _____				23b. ADDRESS 1515 Lafayette Ave.		23c. DATE SIGNED 12-20-54	
24a. BURIAL / CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 22 1954	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS - CEM.		24d. LOCATION (City, town, or county) (State) ST LOUIS MO		
DATE REC'D BY LOCAL REG. DEC 20 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuttie ADDRESS 2906 Travis			

(Licensed Embalmer's Statement 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.....
Signature of Student Embalmer

Signed..... *Leo J. Rudde*

Licensed Embalmer No. *39*

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.