

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44104
State File No. 11729
Registrar's No.

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 44104		Registrar's No. 11729					
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 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: Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 4353 St. Louis Avenue 2109									
3. NAME OF DECEASED (Type or Print) a. (First) Taylor			b. (Middle) _____			c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) 12 23 54				
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 7 1895		9. AGE (In years last birthday) 59		10. UNDER 1 YEAR (Months) (Days) 9 12		11. UNDER 24 HRS. (Hours) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor				10b. KIND OF BUSINESS OR INDUSTRY Furniture Store		11. BIRTHPLACE (City and State or Foreign Country) Water Valley, Mississippi				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Walker				13b. MOTHER'S MAIDEN NAME Tillie Woodard				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) Yes W.W.# 1				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Whittier ADDRESS 2601 N. Whittier							
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) Metastatic Cancer of Neck. Primary site unknown, probably cancer of esophagus. ANTECEDENT CAUSES _____ Morbid 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. _____								INTERVAL BETWEEN ONSET AND DEATH Undt.	
19a. DATE OF OPERATION 12-3-54		19b. MAJOR FINDINGS OF OPERATION Laryngeal Obstruction.						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
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) (Min.) _____							
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 150x											
22. I hereby certify that I attended the deceased from 11-28 , 19 54 , to 12-23 , 19 54 , that I last saw the deceased alive on 12-23 , 19 54 , and that death occurred at 1:15a m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) J. C. Richards M.D.				23b. ADDRESS 2601 N. Whittier Street				23c. DATE SIGNED 12-23-54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 28 1954		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo							
DATE REC'D BY LOCAL REG. DEC 24 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H.Randle & Son 3133 Bell Ave							

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..... *S J Statton*

Licensed Embalmer No. *269*

P. O. Address *2719 Chan*

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.