

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10342

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2094

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. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Margaretta Nursing Home.		e. STREET ADDRESS (If rural, give location) 12 4515 Maryland Ave., 21290	
3. NAME OF DECEASED (Type or Print) a. (First) CORNELIA b. (Middle) R c. (Last) WALKER.		4. DATE OF DEATH (Month) (Day) (Year) March 5, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 25, 1864
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (City and State or Foreign Country) / Chestertown, Maryland.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William S. Walker.		13b. MOTHER'S MAIDEN NAME Mary Riand.	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ross A. Woolsey; 720 So. Price; St. Louis Co.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Semility	
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? 4222	
22. I hereby certify that I attended the deceased from 1945, to 3-5, 1955, that I last saw the deceased alive on 3-5, 1955, and that death occurred at 7: P.m., from the causes and on the date stated above.			
23a. SIGNATURE Earl R. Rice M.D.		23b. ADDRESS 611 Olive St. 3-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/7/1955	24c. NAME OF CEMETERY OR CREMATORY Green Mount	
24d. LOCATION (City, town, or county) Baltimore, Maryland.		24e. (State)	
DATE REC'D BY LOCAL REG. MAR 7 1955		REGISTRAR'S SIGNATURE C. R. Lupton & Sons; 7233 Delmar Blvd.,	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

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

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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 *Clarence A. Murray*.....

Licensed Embalmer No. *4011*.....

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.