

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 10 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>OVERLAND</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY OR TOWN <u>OVERLAND 400X</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10800 PAGE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>10800 PAGE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARETTA</u> b. (Middle) <u>WILHELMINA</u> c. (Last) <u>WALKIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-56</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT 27 1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State of Foreign Country) <u>Overland ST LOUIS COMO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>CARL KERN</u>	13b. MOTHER'S MAIDEN NAME <u>ELSIE CATH VIEHMANN</u>	14. NAME OF HUSBAND OR WIFE <u>OTTO WALKIS DECEASED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>OTTO WALKIS</u> ADDRESS <u>10800 PAGE</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>26 Hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		LIFE
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral softening.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201 443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 1942 to 1-27-56, that I last saw the deceased alive on Jan 20, 1956, and that death occurred at 7:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. Paul, M.D.</u> (Degree or title) <u>C</u>	23b. ADDRESS <u>Overland, Mo.</u>	23c. DATE SIGNED <u>1-27-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-30-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ZIONS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PAGE DALE MO</u>
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DATE REC'D BY LOCAL REG. <u>1-27-56</u>	REGISTRAR'S SIGNATURE <u>Hellard R. Domb...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>EARL HILLEMANN</u> ADDRESS <u>OVERLAND MO</u>
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WRITE PLAINLY—USING UNFADEING 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 *Earl Helmer*

Licensed Embalmer No. *3501*

P. O. Address *Orlando*

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.