

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015894

STATE FILE NUMBER

2 4163

FILED MAY 12 1959 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Philips</i>		d. STREET ADDRESS (If outside, give location) <i>1428 N 13 St</i>	
3. NAME OF DECEASED (Type or print) <i>ANNA WALKER</i>		4. DATE OF DEATH <i>4-24-59</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9-10-1878</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. AGE (In years last birthday) <i>80</i>	9c. IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/>
10a. USUAL OCCUPATION <i>Home work</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Monroe County Ill.</i>	10c. CITIZEN OF WHAT COUNTRY? <i>USA</i>
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Dave Warrington</i>		14. MOTHER'S MAIDEN NAME <i>Lottie Grimes</i>	
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.	17. INFORMANT <i>Georgia Walker 1428 N 13 St</i>
18. CAUSE OF DEATH [Enter only one cause and line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Arterio Sclerosis</i> <i>Fracture of Left Hip.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part I or Part II of items 18 & 19. <i>903.0 20 slipped in fall to floor at home, age as above</i>	
20c. TIME OF INJURY <i>3 19 59</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., office bldg., etc.) <i>252 Home</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	
21. I attended the deceased from <i>7:55 p.m.</i> to <i>8:00 p.m.</i> and last saw her alive on <i>4/28/59</i> Death occurred at <i>7:55 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul J. Simon</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>4/28/59</i>		22d. COUNTY <i>Mo</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>4-30-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Dale Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
24. FUNERAL DIRECTORY ADDRESS <i>AD Richardson 2625 Glasgow</i>		25. DATE RECD. BY LOCAL REG. <i>APR 28 '59</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes if possible.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by, Student Embalmer No.....
working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed *A. P. Richardson*

Licensed Embalmer No. *29*

P. O. Address *City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.