MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

JLF LED30 64 2 — Registration District No. 5595 — Registrar's No. 10[illegible] — STATE FILE NUMBER 0027494

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1150
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

2

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ~~St. Louis~~ Jefferson Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Maxville, Missouri
Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Highway 21
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: ---
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3817 Eiler St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Matthew — Middle: Andrew — Last: Walker Sr.

4. DATE OF DEATH: Month: July — Day: 21, — Year: 1964

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 5-8-1886

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (City and state or country): Greenville, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Cyrus Walker

13b. MOTHER'S MAIDEN NAME: Mary J. Fansler

14. NAME OF HUSBAND OR WIFE: Mary E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no ---

16. SOCIAL SECURITY NO.: 494-07-4359

17. INFORMANT: Matthew A. Walker, Jr. Address: St. Louis, Mo. 3817 Eiler St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1½ wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — ? 20 yrs
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Prostate

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 7/11/64 to 7/21/64 and last saw her/him alive on 7-20-64
Death occurred at 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert B. Cohen, M.D.

22b. ADDRESS: 3326 LaClede Ave St. Louis 3 Missouri

22c. DATE SIGNED: 7/22/64

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7-24-64

23c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery

23d. LOCATION (City, town, or county) (State): 7401 St. Charles Rd. St. Louis Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: C. Hoffmeister Mortuaries, 7814 South Broadway

25. DATE RECD. BY LOCAL REG.: 7/24/64

26. REGISTRAR'S SIGNATURE: Mrs Juanita Schmitt

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1964

Dr. Robert Cohen MD
Barnes Hospital
Statin 483
FO. 7-6400

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 Louis E. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.