

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19344

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 5784
St..... Ward)

2. FULL NAME

Arthur Walker

(a) Residence. No. 1401 Morgan St., 25 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Cal. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Ethel Walker
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 41 — — — — —

8. OCCUPATION OF DECEASED Janitor
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hamid
(STATE OR COUNTRY) La

10. NAME OF FATHER Joe Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Independent
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Maria McQuinn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hamid
(STATE OR COUNTRY) La

14. INFORMANT Joseph S. Walker
(Address) 2606 Morgan St

15. MAY 29 1928 Max C. Stanley
FILED 19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 19 28

17. I HEREBY CERTIFY That I attended deceased from above 25, 19 28, to May 25, 19 28, and that I last saw her alive on May 24, 19 28, and that death occurred, on the date stated above, at 8:30 5 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

mitral insufficiency
90W (duration) 7 yrs. 2 mos. 2 da.
CONTRIBUTORY Bronchial asthma
(SECONDARY) non tubercular (duration) 2 yrs. 2 mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. S. Walker M. D.
528, 1928 (Address) 1336 Franklin

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park Cemetery DATE OF BURIAL 6/1 19 28

20. UNDERTAKER Wm Brown ADDRESS 285 1/2 Jefferson ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

