

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

Do not use this space.

22499

1. PLACE OF DEATH

County.....
Township.....
City.....*St. Louis*

Registration District No. *7011*
1003
Primary Registration District No.

File No.
Registered No. *6702*
St. Ward)

2. FULL NAME

St. Louis (No. *Mo. Pac. Hosp.*)
St. Louis
(a) Residence. No. St.
(Usual place of abode)

Hurst, Illinois
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. *1* mos. *11* ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Erma Walker*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 16, 1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. min.
6 52 10 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Machinist Helper*
(b) General nature of industry, business, or establishment in which employed (or employer) *Rail Road*
(c) Name of employer *Mo. Pac. R.R.*

9. BIRTHPLACE (CITY OR TOWN) *Anna, Ill.*
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Geo Walker*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Anna, Ill.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Reckman*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Anna, Ill.*
(STATE OR COUNTRY)

14. INFORMANT *Mrs Erma Walker*
(Address) *Hurst, Ill.*

15. FILED *26 1928*
19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 26 1928*

17. I HEREBY CERTIFY, That I attended deceased from *May 15*, 1928, to *June 26*, 1928, that I last saw him alive on *June 26*, 1928, and that death occurred, on the date stated above, at *11:45 A* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pernicious Anemia
580
(duration) yrs. *2* mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, *Hurst Ill.*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS *Blood Picture*

(Signed) *Clifford C. Kane* M.D.

, 19 (Address) *1755 S. Grand*

*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 DATE OF BURIAL

Hurst, Ill. *6-28-1928*

20. UNDERTAKER ADDRESS

Peter Bros. 3029 Lafayette

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

