

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

Do not use this space.

6185

1. PLACE OF DEATH

County..... Registration District No. 79E
Township..... Primary Registration District No. 2
City St. Louis Mo (No. City Hospital 2)

File No.
Registered No. 1212
St. Ward)

2. FULL NAME Bernard Walker

(a) Residence, No. 312 Clark St., 18 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-4-1929
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 5 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 1

13. NAME in the Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplarville Mo.

15. MAIDEN NAME Antony Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Dr. Sydney Crath City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Det 8th 1932

19. UNDERTAKER (ADDRESS) Charles J. Galt 410 1/2 Franklin Ave

20. FILED ECB - 5 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-3-1932 to 2-3-1932

I last saw him alive on 2-3-1932 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:
107A

Other contributory causes of importance:
Broncho Pneumonia January 107A

Name of operation Date of
What test confirmed diagnosis? W.H.S.T. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury....., 19.....

Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Ind Smith M. D.
(Signed) Ind Smith
(Address) City Hospital 2

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.

PHYSICIAN'S REPORT
OCCUPATION is _____
State _____