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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42741

File No. .....

Registered No. 594

1. PLACE OF DEATH

County ..... Registration District No. 78 II

Township ..... Primary Registration District No. .....

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Edward Walker

(a) Residence, No. City Infirmary St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario Canada

FATHER

13. NAME William Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nancy Bellamy Canada

17. INFORMANT (ADDRESS) W. F. McClaine M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington U. DATE 1-6 1933

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutger St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27th 1932 to Dec 30th 1932

I last saw him alive on Dec 30th 1932. Death is said to have occurred on the date stated above, at 5.45 a.m.

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

	Date of onset
Chronic Myocarditis	12/27/32
93C	
16d	
Other contributory causes of importance: Senility	12/27/32

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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

(Signed) William F. McClaine, M. D.
(Address) 5400 Arsenal St.