

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

Do not use this space.

7501

**1. PLACE OF DEATH**

County..... Registration District No. *1003*  
Township..... Primary Registration District No. *2*  
City *St. Louis Mo* (No. *City Hospital #2*) St. .... Ward)

File No. ....  
Registered No. *1456*  
St. .... Ward)

**2. FULL NAME**

*Virginia Walker*  
(a) Residence, No. *1351 Elliott* St. *21* Ward.  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-11-1883*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
*49 11 25*

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bank*  
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) *Ala*

13. NAME *Louis Gray*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ala*

15. MAIDEN NAME *Lucy Crawford*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ala*

17. INFORMANT *A Gertrude Creath* (ADDRESS) *City Hospital*

18. BURIAL, CREATION, OR REMOVAL PLACE *Mississippi* DATE *Feb. 17 1933*

19. UNDERTAKER *W. C. Green* (ADDRESS) *2915 Franklin Ave.*

20. FILED *72 103 19* *W. C. Green* Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-6-1933*

22. I HEREBY CERTIFY, That I attended deceased from *2-2-1933* to *2-6-1933*

I last saw h. alive on *2-6-1933* Death is said to have occurred on the date stated above, at *1:10* p. m.

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

*Chronic Myocarditis*  
*(1)*

Other contributory causes of importance:

*cellulitis of Rt. Leg from infection cause unknown*

Name of operation *Craniotomy* Date of *2-7-33*

What test confirmed diagnosis? *See* Was there an autopsy? *No*

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) *Henry G. Sumpton*, M. D.

(Address) *City Hospital #2*

