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.

NOV 10 1933

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

Do not use this space.

34703

File No. 8865

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 703

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Louis Walker

(a) Residence, No. 1119 N 15th St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1894

7. AGE: YEARS 38 | MONTHS 9 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. Laborer

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) Miss

FATHER

13. NAME Horace Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) A Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jefferson Barracks DATE 10-13 1933

19. UNDERTAKER (ADDRESS) English and Co. 2935 Cass Ave

20. FILED 1 13 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-23-, 1933, to 10-10-, 1933

I last saw him alive on 10-10-, 1933. 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:

23A

124A

Pulmonary Tuberculosis

23

Other contributory causes of importance:

Alcoholic Cirrhosis of 8 Liver

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Lab 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) [illegible] Smith M. D.

(Address) City Hospital #2