

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.

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

Do not use this space.

10949

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **ST. LOUIS** (No. **CITY HOSPITAL**) St. Ward)

File No.....
 Registered No. **2578**
 St. Ward)

2. FULL NAME

ROBERT R. WALKER

(a) Residence, No. **7714 WATER** St., **1** Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX MALE | 4. COLOR OR RACE WHITE | 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) FEB. 6 - 1932 | | |
| 7. AGE YEARS 3 | MONTHS 1 | DAYS 11 |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO | | |
| 13. NAME ELNER WALKER | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI | | |
| 15. MAIDEN NAME ADEL FARMER | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS. | | |
| 17. INFORMANT ELNER WALKER (ADDRESS) 7714 WATER ST | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS DATE MAR 20 , 1935 | | |
| 19. UNDERTAKER FENNER & CO (ADDRESS) 719 MICHIGAN AVE | | |
| 20. FILED MAR 19 1935 19. J. Bredeck Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/17/1935**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19.....

I last saw him..... alive on..... 19..... Death is said to have occurred on the date stated above, at **11:20 P.M.**

The principal cause of death and related causes of importance were as follows:
Spiking and deep burn of neck, back, left arm & buttocks, which deceased fell into pan of hot water & remained 3 1/2 hrs.

Date of onset **3/12/35**

Other contributory causes of importance:
Accident

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

What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Accident** Date of injury **3/12/35**
 Where did injury occur? **St. Louis Mo**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Fell in pan of hot water**
 Nature of injury **burns**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Harold P. DeWitt, M.D.**
 (Signed) **Harold P. DeWitt**
 (Address) **Dep. for**

3/19/35

