SEP 29 1936

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

Do not use this space.

33242

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B Registered No. 317

City Jefferson Barracks (No. Mo., Vets. Adm. Fac. St. Ward)

2. FULL NAME Charles W. WALDEN

(a) Residence, No. 2727 N. Spring St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth un yrs. kno mos. wn 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) September 8, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	54	10	29	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1920

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hester, Missouri

FATHER

13. NAME Lewis Walden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hester Missouri

MOTHER

15. MAIDEN NAME Mattie Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox County, Illinois

17. INFORMANT (ADDRESS) M. Schilling Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Memorial Park~~ Memorial Park DATE Aug. 10, 1936

19. UNDERTAKER (ADDRESS) Provost 3710 N. Grand

20. FILED Aug. 7, 1936 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1936, to August 7, 1936

I last saw him alive on August 7, 1936. Death is said to have occurred on the date stated above, at 1:35 m. p.m.

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

	Date of onset
Tuberculosis, Pulmonary, Chronic, Active, Far Advanced	unkwn

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? phy. exam. clin. manifestations laboratory 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) C.W. Hughes M. D.

(Address) C.W. HUGHES, Chief Medical Officer Jefferson Barracks, Mo.

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.