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

Do not use this space.

FEB 8 1937

Registration District No. 791
Primary Registration District No. 1003

File No. 3434
Registered No. 466

1. PLACE OF DEATH
County
Township
City St. Louis (No. City Hospital # 1. St. Ward)

2. FULL NAME Frank Walkenford.
(a) Residence, No. 1627 North 20th. St. St., 20 Ward.
(Usual place of abode) (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) Nov. 19 -1895

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
41	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 135
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) St. Louis, Mo.

FATHER
13. NAME John Walkenford Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Frances Flecke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT John Walkenford Jr.
(ADDRESS) 1627 No. 20th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 1-13-37. 19

19. UNDERTAKER Central Undertaking Co.
(ADDRESS) 1841 Cass Ave.

20. FILED 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan.-11-37. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:05 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Peritonitis due to Stab Wound in Abdomen (Knife)	
Bronchopneumonia	

Other contributory causes of importance:

Homicide

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? Hom. Date of injury 1/3, 1937
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.
In Home
Manner of injury Stabbed by person (knife)
Nature of injury Stab Wound of Abdomen

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Queen ~~M.D.~~
(Address) Deputy Coroner

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.

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