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

FEB 23 1937

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Jefferson Barracks (No. Veterans Facility St. Ward)

Registration District No. 1123
Primary Registration District No. 6248B

File No. 4439
Registered No. 40

2. FULL NAME Chester Ira WALKER
(a) Residence, No. R.R.#9, Box 735 St., Ward. LeMay, Missouri
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Mrs. Josephine L. Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1887

7. AGE			
YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	9	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 140
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
10. Date deceased last worked at this occupation (month and year) unavailable
11. Total time (years) spent in this occupation unkwn

12. BIRTHPLACE (CITY OR TOWN) Bourbon
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Ira Walker
14. BIRTHPLACE (CITY OR TOWN) unavailable
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah Parsons
16. BIRTHPLACE (CITY OR TOWN) unavailable
(STATE OR COUNTRY) Missouri

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Jan. 30, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED Jan. 29, 1937 G Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1936, to January 27, 1937
I last saw him alive on January 27, 1937. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Pulmonary, far advanced, bilateral with spontaneous pneumothorax	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? YES

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], M. D.
(Address) C.W. HUGHES, M.D. Chief Medical Offic
Jefferson Barracks, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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SEP 20 1949