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

Do not use this space.

MAR 5 - 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8120

Township ..... Registered No. 1367

City St. Louis 9 (No. City Hospital No. 2003 St. ..... Ward)

2. FULL NAME Raymond Lee Walker

(a) Residence, No. 1910 a Delmar St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9 1936

7. AGE: Years 1 | Months 0 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis 1
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Joseph Walker 2

14. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME Margaret Pickens

16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT R. Perdeau
(ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE 2/4/37 19

19. UNDERTAKER H. S. Wade Und. Co.
(ADDRESS) 4202 Finney Ave.

20. FILED FEB 4 - 1937 19 J. H. Riedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-27 1937 to 2-2 1937

I last saw him alive on Feb. 2 1937 Death is said to have occurred on the date stated above, at 6:15 A.M. m.

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

Lobar Pneumonia 1-27-37 (Date of onset)

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Other contributory causes of importance:

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? ..... 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) J. Owen Blache, M. D.

(Address) 2945 Lawton

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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