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.

APR 8 1937

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

Do not use this space.

File No. 10754

Registered No. 3328

1. PLACE OF DEATH

County ..... Registration District No. 1791

Township ..... Primary Registration District No. 1003

City St. Louis (No. St Mary's Infirmary St.)

2. FULL NAME Stillborn Walker

(a) Residence, No. 1517 Papin St., 22 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): New born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-14-37

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Walter Walker

14. BIRTHPLACE (CITY OR TOWN) Russellville
(STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Jannie Mae Noe

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

17. INFORMANT Walter Walker
(ADDRESS) 1517 Papin St

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 3/26/37, 19

19. UNDERTAKER Lia Hamilton
(ADDRESS) City Health Dept

20. FILED MAR 25 1937, 19 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1937

22. I HEREBY CERTIFY, that I attended ~~deceased from~~ The delivery of stillborn ~~female~~ ~~I last saw him alive on~~ female twins ~~, 19~~ ~~Death~~ is said to have occurred on the date stated above, at 7:07 P.m.

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

Stillborn

Date of onset

Other contributory causes of importance:

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

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

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) U. S. Boast, M. D.

(Address) .....