APR 27 1937

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

Do not use this space.

File No. 13546
Registered No. 106

1. PLACE OF DEATH
County: Saint Louis
Township: Carondelet
City: Jefferson Barracks (No. Vets. Adm. Fac. / St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 B

2. FULL NAME: Walter C. DAVIDSON

(a) Residence, No. 6153 Bertha Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1873

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
63	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired postal Employee-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) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tennessee

FATHER
13. NAME Unavailable
14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Unavailable
16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY)

17. INFORMANT Clinical Clerk M. Schulig
(ADDRESS) VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Mar. 8, 1937

19. UNDERTAKER Lee J. Sneed & Co.
(ADDRESS) 2812 Thomas St

20. FILED Mar. 6, 1937 G. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to March 4, 1937
I last saw him alive on March 4, 1937. Death is said to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY SCLEROSIS, Marked	Unkn.
Other contributory causes of importance:	
Broncho-pneumonia, bilateral	Unkn.

Name of operation None Date of
What test confirmed diagnosis? by. clinical manif. 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) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF 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.

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