

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

32394
Do not use this space.

1. PLACE OF DEATH: *0914 1937*

(a) County: Registration District No. *791*

(b) Township: Primary Registration District No. *1003* Registered No. *8448*

(c) City: *St. Louis MO* (d) Street No. *Homer Phillips Hosp* St. *St. Louis MO*
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred *75* yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: *George Walker*

(a) Residence, No. *1710 N. Sarah* St. *11* (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX: *Male* 4. COLOR OR RACE: *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: *Sarah Walker*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): *unk*

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>abt. 94</i>			

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: *unemployed*

9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): *Pittsburg Pa.*

FATHER:

13. NAME: *Fredrick Walter*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): *Penn.*

MOTHER:

15. MAIDEN NAME: *Ellen Conril*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): *Penn.*

17. INFORMANT (ADDRESS): *Sarah Walker 1710 N Sarah St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE: *Washington Park* DATE: *Sept 11, 1937*

19. FUNERAL DIRECTOR (ADDRESS): *Atkins Bros 3644x Finney and*

20. FILE: *SEP 8 1937* *J. Bedeck* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR): *Sept 4 - 1937*

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 *4:12 PM* m.

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

Cerebral Apoplexy

Arteriosclerosis

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? *no*

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: *Joseph M. J...* (Signed) *Deputy Coroner* (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)