

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

367  
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008** Registered No. **223**  
(c) City **ST LOUIS** (d) Street No. **3943 FAIRFAX** St. (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 **22** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **FRANK WALKER** 11.2.6  
(a) Residence, No. **3943 FAIRFAX** 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

3. SEX **MALE** 4. COLOR OR RACE **COL** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-4-1864**

7. AGE YEARS **73** MONTHS **6** DAYS **1** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **NONE**  
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) **MARION COUNTY** (STATE OR COUNTRY) **ALA**

FATHER 13. NAME **GEORGE WALKER**

14. BIRTHPLACE (CITY OR TOWN) **UNKNOWN** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **CHARLETTE MABLE**

16. BIRTHPLACE (CITY OR TOWN) **UNKNOWN** (STATE OR COUNTRY)

17. INFORMANT **BESSIE JOHNSON** (ADDRESS) **3943 FAIRFAX**

18. BURIAL, CREMATION, OR REMOVAL PLACE **WASHINGTON PK** DATE **1-8** 19**38**

19. FUNERAL DIRECTOR **Leve Undertaking Co** (ADDRESS) **3103 WASHINGTON**

20. FILED **JAN 7 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/5** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **12/14** to **1/5** 19**38**  
I last saw him alive on **1/2** 19**38** Death is said to have occurred on the date stated above, at **930A**.  
The principal cause of death and related causes of importance were as follows:

**Cerebral apoplexy** Date of onset **1/4/38**  
**Arterio-sclerosis** ?

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, specify.....  
(Signed) **J. Bredeck**, M. D.  
(Address) **3103 Washington**

The amount of state EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important.

