

FEB 16 1938

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

4054
Do not use this space.

1. PLACE OF DEATH

(a) County **St. Louis** Registration District No. **9b**
(b) Township Primary Registration District No. Registered No. **15**
(c) City **Maplewood, Mo.** (d) Street No. **7122 Bruno Avenue** 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 **7** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frederick William Walker **H. 2. 1**
(a) Residence, No. **7122 Bruno Avenue** St. **C2**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 28th, 1914**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 **2** **4**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
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) **12/27/37** 11. Total time (years) spent in this occupation **5 Yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Warrenton, Missouri**

FATHER 13. NAME **Fred B. Walker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kansas City, Missouri**

MOTHER 15. MAIDEN NAME **Lydia E. Gower**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Carbondale, Illinois**

17. INFORMANT **Mrs Lydia Walker**
(ADDRESS) **7122 Bruno Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakewood** DATE **January 4, 1938**

19. FUNERAL DIRECTOR **Nieburg, Warrenton, MISSOURI**
(ADDRESS) **PHOENIX BLDG. 101 N. 3RD ST. WARRENTON, MISSOURI**

20. FILED **1-3** 19 **38** **Frederick W. Walker** Deputy State Registrar Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 1st, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 28, 1937** to **Jan 1, 1938**
I last saw him alive on **Dec 31, 1937** Death is said to have occurred on the date stated above, at **4 A.M.**
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset **12/28/37**
108
Other contributory causes of importance: **none**

Name of operation _____ Date of _____
What test confirmed diagnosis? **physical exam** 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.

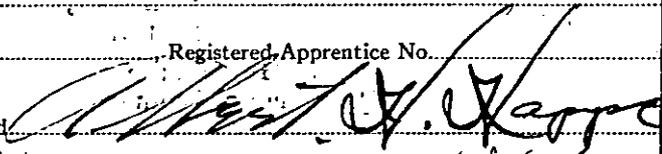
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) **C. E. Gilliland**, M. D.
(Address) **Metropolitan Bldg**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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  _____
Licensed Embalmer No. 1867

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.)