DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24062

State File No.

REC'D AUG 11 1939

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 6335

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)

In this community About 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2919a Dayton St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rosetta Walker 126

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Andrew Walker

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased March (Month) 3rd (Day) 1904 (Year)

8. AGE: Years 35 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Dearmont (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Unavailable Knox
13. Birthplace Louisiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Unavailable
15. Birthplace Louisiana (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Andrew Walker

(b) Address 2919a Dayton St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 39 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave. St. Louis

19. (a) JUL 18 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 15 day year 1939 11 hour 05 minute P.M. M.

21. I hereby certify that I attended the deceased from May 22, 1939 to July 15, 1939 that I last saw her alive on July 15, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Uterus	1 Mo
	15 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address 822 North Jefferson Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X19311

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson,

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.)

If this body is not embalmed, above space should be left blank.