

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3906

1. PLACE OF DEATH:

- (a) County.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Days (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Walker, John W. 426
 (b) If veteran, name war _____ (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Louisa Walker 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased July 15 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 9 13 hr. min.

9. Birthplace St. Louis, MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Stove Mender UNEMPLOYED
 (Include pregnancy within 3 months of death)

11. Industry or business quick meal stove co

12. Name Charles Walker

13. Birthplace unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Bertrude Hansenbeck

15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Louisa Walker

- (b) Address 5435 Murdock

17. (a) Burial (b) Date thereof 5-1-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation funeral

18. (a) Signature of funeral director W. G. Shaysen Mortuaries

- (b) Address 4238 N. Michigan Highway

19. (a) APR 30 1940 (b) J. B. Beck
 (Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 14
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5435 Murdock
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
 year 1940 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 20, 1940 to April 28, 1940;
 that I last saw him alive on April 28, 1940;
 and that death occurred on the date and hour stated above.

- Immediate cause of death Lobar pneumonia
 Duration _____

- Due to _____

- Due to _____

- Other conditions 188
 (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? _____

- While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. B. Beck (M. D. or other) _____

- Address 1515 Lafayette Date signed 4/29/40

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

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Reinhold K. Lehman

Licensed Embalmer No. 3395

P. O. Address _____

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.