

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6546**

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: H G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
(Specify whether
 In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____
 (c) City or town St Louis **13**
(If outside city or town limits, write "RURAL")
 (d) Street No. City Infirmary
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
 year 1940 hour 6:35 minute _____ PM.
 21. I hereby certify that I attended the deceased from
July 6 1940 to July 21 1940;
 that I last saw him alive on July 21 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease **D** 15 yrs
Duration

Due to _____
 Due to _____
 Other conditions AD
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings _____
Of operation
 Of autopsy _____
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)

23. Signature Allen **C** 2601 N Whittier
(M. D. or other)
 Address _____ Date signed _____
While at work (e) Means of injury

3. (a) PRINT FULL NAME Joseph Walker **1126**

8. (b) If veteran, name war Unk 8. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Jan 16, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unk **RETIRED**

11. Industry or business Unk

12. Name of father Jack Walker

13. Birthplace of father Alabama
(City, town, or county) (State or foreign country)

14. Maiden name of mother Hally King

15. Birthplace of mother Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Florence A. Spotts

(b) Address 2601 N Whittier

17. (a) Place of burial or cremation St Louis
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Signature of funeral director J. G. Brudick

(c) Address _____
 19. (a) **AUG 2-1940** (b) J. G. Brudick
(Received) (Registrar's signature)

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.....

Licensed Embalmer No.....

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.