

SEP 25 1940
791

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:
Mississippi River
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 11 15

3. (a) PRINT FULL NAME WALKER WILSON
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) 4 (Day) 1912 (Year)

8. AGE: Years 27 Months 11 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation CHAW FEER

11. Industry or business DELUXE CAB

12. Name Rickard WILSON

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

14. Maiden name Jada WILSON

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

16. (a) Informant: Juanita Stensley

(b) Address 4231 W. St. Ferdinand

17. (a) BURIED (b) Date thereof 8-3-1940 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director BOYD BROFMAN-HOME

(b) Address 3704 FINNEY

19. (a) AUG 3 1940 (b) J. F. Friedeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 11
(d) Street No. 3937 COOK (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1940 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to drowning in Mississippi River Duration _____
Date to which death referred when deceased brought into view _____
Date to which death referred as to body later recovered _____
Date to which death referred as to _____
Other conditions 9:00 AM Aug 1 1940 (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 7/30/40

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) Accident

(b) Date of occurrence July 30 1940

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

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

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 8/3/40

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

not embalmed at

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.