

13-40
7-39
X23159

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution: Phillips Hospital
(d) Length of stay: In hospital or institution 3 mos 18 das
In this community No information

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St Louis
(d) Street No. 1121 N 21st
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Henry Walker
(b) If veteran, name war Unk (c) Social Security No. Unk

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 27
year 1940 hour 9:13 minute A M.

4. Sex M 5. Color or race C
6. (a) Single, widowed, married, divorced Unk
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXXXXX years
7. Birth date of deceased Unknown

21. I hereby certify that I attended the deceased from July 9, 1940, to October 27, 1940; that I last saw him alive on October 27, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Parenchymatous Neurosyphilis

8. AGE: Years Months Days If less than one day
Unknown about 5 yrs hr. min.

Duration Indef
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

9. Birthplace Unk
10. Usual occupation Unk
11. Industry or business Unk
12. Name Not obtained
13. Birthplace Unk
14. Maiden name Not obtained
15. Birthplace Unk

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

16. (a) Informant Rosence A. Spathe
(b) Address 2601 N Whittier
17. (a) (b) Date thereof 10/31/40
(c) Place: burial or cremation St. Louis
18. (a) Signature of funeral director W. Ruten
(b) Address 3500 Ruten
19. (a) NOV 1 1940 (b) J. B. Bredich

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (a) Means of injury:
23. Signature W. Ruten (M. D. or other)
Address 2600 Whittier Date signed 10/31/40

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

FILED DEC 11 1940

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.