

o. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12656

State File No.

FILED MAY 13 1941

Registrar's No.

3086

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
in home of Homer G. Phillip
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 yrs
years, months or days

3. (a) PRINT FULL NAME Nannie Walker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married divorced Widow

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

7. Birth date of deceased Feb 10th 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 1 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Henry Gilmore
13. Birthplace Plattsburg Miss
(City, town, or county) (State or foreign country)
14. Maiden name Emma Adams
15. Birthplace Unknown Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Lovie Williams
(b) Address 728 No Harrison Ave

17. (a) Reinterred (b) Date thereof 4-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kosciusko Miss

18. (a) Signature of funeral director J. H. Randle P. Don

(b) Address 3133 Bell Ave

19. APR - 9 1941 (b) J. A. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2835 Lucas Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1941 hour 11:00 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage from stab wound of chest and penetrating lacerations inflicted at the
Due to wound from sharp Eastern (Cal.) weapon registered about 10:50 o'clock P.M. April 1st 1941 at 2655 Franklin Ave.
Other conditions in the rear
(Include pregnancy within 3 months of death)

Major findings: Of operations M Of autopsy M
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) Homicide
(b) Date of occurrence April 1st 1941
(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
(Specify type of place) (Specify type of place)
While at work? _____ (Specify type of place) (Specify type of place)
Means of injury 3
23. Signature Alfred Perry (M. D. or other) _____
Address Depue, Mo. Date signed 4/7/41

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

100

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 J. F. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.