No. 2
-1-4-41
-17-39
X 25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18917

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1142

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Ballwin Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PINE Crest 5
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Robyn Road 0
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM WALKER
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex MO 5. Color or race WH 6. (a) Single, widowed, married, divorced Unk
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased about Dec 1858 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	83			____ hr. ____ min.

9. Birthplace ____ (City, town, or county) 1 Tenn (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ____
FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Known
15. Birthplace ____ (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Spicer
(b) Address Roby Rd - St Louis 9
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cmty
18. (a) Signature of funeral director Louis H Boff Inc
(b) Address Kirkwood
19. (a) MAY 31 1941 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th. year 1941 hour 4 minute 32 P.M.
21. I hereby certify that I attended the deceased from Feb 15th 1941 to May 29 1941 that I last saw him alive on May 29 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to ____	
Due to ____	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations ____ Of autopsy 93d	

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature R. W. Jansen (M. D. or [redacted]) 0
Address Manchester Mo Date signed 5/29/41

(Licensed Embalmer's Statement on Reverse Side)

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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