

Registration District No. **791**

Primary-Registration District No. **1003**

1. PLACE OF DEATH: **1**

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **929. B.N. 13th St. /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **17 yrs.**
years, months or days)

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. **929. B.N. 13th. St**
(If rural, give location)
(e) Citizen of foreign country? **U.S.A. Born.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25th.**
year **1941** hour **5:00** minute **P.** M.
21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;

3. (a) PRINT FULL NAME **John Walker,**
3. (b) If veteran, name war **none,** 3. (c) Social Security No. **495-14-7082.**

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

4. Sex **Male** 2 race **Col** 5. (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 **June 28th, 1898.**
(Month) (Day) (Year)

Immediate cause of death _____
Acute Parenchymetous Nephritis

8. AGE: Years 43	Months 5	Days 6	If less than one day hr. _____ min.
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Duration _____
and Sub-acute Myocarditis.

9. Birthplace **Mariana, Ark,**
(City, town, or county) (State or foreign country)

Due to **Cause undetermined**

10. Usual occupation **W.P.A. Worker, Laborer**

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

11. Industry or business **Works Projects,**

Major findings: _____
Of operations _____

12. Name **Dont Know**

Of autopsy _____
130

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

14. Maiden name **Matilda Gaines,**

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

16. (a) Informant **William Brown**

(b) Address **4233. West Belle Place,**

17. (a) **Burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood 12/24/41.**

18. (a) Signature of funeral director **R. B. ...**

(b) Address **2812 Thomas St. St. Louis, Mo.**

19. (a) **DEC 30 1941** (b) **J. J. Brebeck**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature **Thomas J. Callaway** D. or other) _____
Address **Deputy Coroner** Date signed **12/27/41**

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

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17
19

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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. 2288.

P. O. Address 2812 Thomas, St.

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, fact should be so stated above.