

S. No. 2
M-9-4-41
v. 5-17-39
X29484

16774

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4887

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 27 days
(Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 2710 Thomas (If rural, give location) 921
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Missouri Walker
3. (b) If veteran, None name war _____
3. (c) Social Security No. None

4. Sex Female 5. Color col race _____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eddie Walker
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb. 28 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Molten Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Abram Bates

12. Name unknown

13. Birthplace Leana Pruitt (State or foreign country) 9

14. Maiden name unknown

15. Birthplace Claircie Warren (City, town, or county) (State or foreign country) 9

16. (a) Informant 2710 Thomas St

(b) Address 2710 Thomas St

17. (a) Burial (b) Date thereof 6-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem, Ellis Fun, Home

18. (a) Signature of funeral director 2820 Standard st
(b) Address _____

19. (a) JUN 4 1942 (b) J. F. Probeck
(Date given local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2,
year 1942 hour _____ minute 10 A. M.
21. I hereby certify that I attended the deceased from March 1940
5, 19 42 to June 2, 19 42
that I last saw h. er alive on June 2, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with
Decompensation Duration Unknown

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 921

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature M. A. Sandeels (M. D. _____)
Address 2601 N. W. Nettles Date signed 6-2-42

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

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17
9

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. 2498

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, fact should be so stated above.