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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16775

FILED JUN 17 1942

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 4761

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
3969 De Tonty /
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3969 DeTonty
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Thomas P. Walker

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Myrtle G. Walker

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

7. Birth date of deceased December 24, ~~1942~~ 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	5	4	..... hr. ..... min.

9. Birthplace ..... Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk - Retired

11. Industry or business Wabash Railroad

FATHER
12. Name Nathan Walker
13. Birthplace Nathan, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mollie Woods
15. Birthplace Shelbyville Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle G. Woods
(b) Address 3969 De Tonty

17. (a) Burial (b) Date thereof 6/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Lunder Bur Park
(c) Place: burial or cremation ~~Lake Charles Cemetery~~

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) JUN 1 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1942 hour 10.12 P. M. minute ..... M.

21. I hereby certify that I attended the deceased from April 29, 1942, to May 28, 1942; that I last saw him alive on May 28, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Arterio Sclerosis	3 Mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Walter N. Dobson D.O.
Address 706 Century Bldg Date signed 5/29/42

(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.....

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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.