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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

23217

State File No. .....

FILED JUL 28 1942

Registration District No. 1991 Primary Registration District No. 1003 Registrar's No. 6156

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1110 N. 13th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17 925

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

(d) Street No. 1110 N 13th St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Willie Walker Jr

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

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

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced O

6. (b) Name of husband or wife .....

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

7. Birth date of deceased June (Month) 14 (Day) 1942 (Year)

8. AGE: Years ..... Months 1 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Willie Walker
13. Birthplace ..... (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Ida B. Dunson
15. Birthplace ..... (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Ida B. Walker
(b) Address 1110 N. 13th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Green
(b) Address 2715 Franklin ave

19. (a) TLR (Date received 24 hrs. after death) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19..... that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Atelectasis	
Due to N	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations .....

Of autopsy Pending

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 Thomas F. Gilbert (M. D. or other)

Address Deputy Coroner Date signed 7/21/42

(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. 2963

P. O. Address 2915 Franklin

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.