

FILED JUN 4 1943 318

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

1. PLACE OF DEATH:  
 (a) County St. Louis, Missouri  
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Homer G. Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 months; 10 days  
 Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")  
 (d) Street No. 2601 N. Whittier (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country.

3. (a) PRINT FULL NAME Mary Walker  
 (b) If veteran, name war  
 (c) Social Security No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 17, year 1943 hour 12 minute 40 A.M.  
 21. I hereby certify that I attended the deceased from February 7, 1943 to May 17, 1943, that I last saw her alive on May 17, 1943, and that death occurred on the date and hour stated above.

4. Sex FEMALE  
 5. Color of race Col  
 6. (a) Single, widowed, married, divorced, WIDOW  
 (b) Name of husband or wife JONES WALKER  
 (c) Age of husband or wife if alive years  
 7. Birth date of deceased JAN 1 1890 (Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis  
 Duration Unk.

8. AGE: Years 53 Months 4 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation maid

MOTHER FATHER  
 11. Industry or business  
 12. Name Zoney Wallace  
 13. Birthplace Tenn (City, town, or county) (State or foreign country)  
 14. Maiden name Lennie Bowen  
 15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Guyan Gaynes  
 (b) Address 2419 Wood

17. (a) (Burial, cremation, or removal) Greenwood Cem  
 (b) Date thereof 5 24 43 (Month) (Day) (Year)

18. (a) Signature of funeral director A. J. Walter  
 (b) Address 2707 Stoddard St

19. (a) MAY 21 1943 (b) J. J. Brudek (Registrar's signature)

Due to  
 Due to  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 Of autopsy  
 PHYSICIAN

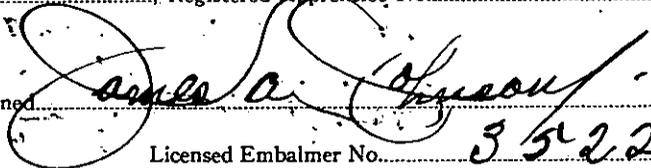
22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work (Specify type of place) (e) Means of injury  
 23. Signature Alva Moore (M. D. or other)  
 Address 2601 N. Whittier Date signed 5/17/43

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

**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. 3522.....

P. O. Address.....

**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.**