S. No. 2
OM—2-43
5-17-39
1 X35507

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23601

State File No.

FILED JUL 24 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6475

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 400

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2138 Walnut
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Roosevelt Walker

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 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 16 (Day) 1902 (Year)

8. AGE: Years 40 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Irving Walker
13. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Viola Bowls
15. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Irvin Walker
(b) Address 3228 Pine St.

17. (a) (Burial, cremation, or removal) (b) Date thereof 7/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas Ave

19. (a) JUL 28 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11, year 1943 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased from July 9, 1943, to July 11, 1943 that I last saw him alive on July 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension	Unk.
Cerebral Hemorrhage	2 days
Due to	
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 0

23. Signature J. E. Smith (M. D. ~~or other~~)
Address 2601 Whittier Date signed 7-12-43

(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 Burleson English

Licensed Embalmer No. 4208

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.