S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED JUL 31 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1730

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. July 26, 1943 (Specify whether
In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Sangamon 11
(c) City or town Springfield 0 (If outside city or town limits, write "RURAL")
(d) Street No. 219 South Grand (East) (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 2

3. (a) PRINT FULL NAME Walter R. Walker

3. (b) If veteran, name war World War #1

3. (c) Social Security No. Unavailable

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~xxxxxx~~ or wife Georgia

6. (c) Age of ~~xxxxxx~~ wife if alive unkn. years

7. Birth date of deceased Unavailable (Month) (Day) (Year)

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

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

10. Usual occupation Unavailable

11. Industry or business Unavailable

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) JUL 29 1943 (Date received local registrar) (b) C. G. McGavron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th, year 1943 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from July 26, 1943 to July 26, 1943 that I last saw him alive on July 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
DISEASE OF HEART WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.	Unknown
Due to -	
Due to -	
Other conditions None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation.
Of autopsy No autopsy. 93d

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) no
(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 L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 7/27/43

707

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 19

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.....186.....

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.