

FILED OCT 13 1943 18
Registration District No.

Primary Registration District No. 1003

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: 2938^a Dickson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME SARAH WALKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. unk

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced, Widow

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

7. Birth date of deceased: unknown
(Month) (Day) (Year)

8. AGE: Years abt 81 Months _____ Days _____ If less than one day hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business At Home

12. Name John Crawford

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Inez Inge

(b) Address 2938 Dickson St

17. (a) Burial (b) Date thereof 10-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Watkins

(b) Address 3644 Finney Ave

19. (a) OCT 4 1943 (b) J. F. Budeck
(Date received local registration) (Registrar's signature)

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. 2938^a Dickson St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1943 hour 3 minute 1 M.

21. I hereby certify that I attended the deceased from 9-26 1943 to 9-29 1943
that I last saw her alive on 9-28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 3 days

Due to Arteriosclerosis

Due to _____

Other conditions Hypertension
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ch. Smiley (M. D. or other) _____
Address 104 W. Jefferson Date signed 10-1-43

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Ave

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.