

FILED SEP 17 1943 18

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days (Specify whether \_\_\_\_\_)  
In this community 19 Years (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. 4040 Washington Bl.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Walters  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Emma Walters 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Aug. 21 1849  
(Month) (Day) (Year)

8. AGE: Years 94 Months \_\_\_\_\_ Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Electrician

11. Industry or business Wagner Electric

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs T M Walters

(b) Address 3225 Cherokee St.

17. (a) Burial (b) Date thereof Sept. 9 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Thas. A. Bull

(b) Address 4457 Washington Bl.

19. (a) SEP 8 1943 (b) W. F. DeLoach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th  
year 1943 hour \_\_\_\_\_ minute 8:40 A.M.  
21. I hereby certify that I attended the deceased from August 14th, 1943, to Sept. 7th, 1943  
that I last saw him alive on Sept. 7th, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Ordinary Tuberculosis far advanced  
Tuberculosis of Intestine  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_  
Of autopsy As above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(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 William J. Darr (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 9/7/43

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 William J. Hiron

Licensed Embalmer No. 4319

P. O. Address St. Louis, Mo.

**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.**