

S. No. 2
OM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40839**
Registrar's No. **11293**

FILED DEC 29 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County..... **St. Louis**
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. John's Hosnital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 Yrs.** (Specify whether
In this community **45 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Peter L. Walker Sr.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W. 2**

6. (b) Name of husband or wife **Margaret Walker** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **May 12th., 1858**
(Month) (Day) (Year)

8. AGE: Years **85** Months **7** Days **4** If less than one day hr. min.

9. Birthplace **England 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Inspector, Railroad**

12. Name **Joseph Walker** 13. Birthplace **England 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ferrell** 15. Birthplace **England 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Madelaine Walker.**
(b) Address **1023 Louisville Ave.**

17. (a) **Burial** (b) Date thereof **12-18-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galvary**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindely Blvd.**

19. (a) **DEC 17 1943** (b) **J. F. Bredet**
(Date filed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **1023 Louisville Ave.** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **16th.**, year **1943** hour **1** minute **05 a.m.**

21. I hereby certify that I attended the deceased from **12-2-43**, 19, to **12-16-43**, 19, and that death occurred on the date and hour stated above.

Immediate cause of death **Chrom myocarditis** Duration **years**

Due to **92h**

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) **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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **E. H. Bowdler** (M. D. or other) **0**
Address **634 M. Grand** Date signed **12-16-43**

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

MOTHER FATHER

Dr. Edw. H. Borden
634 N. Grand Blvd. Fr. 1177

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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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.