

No. 2
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5-17-39
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40698

FILED JAN 4 1944 318

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

11709

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute To Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 226 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Edward Walters
3. (b) If veteran, name war no
3. (c) Social Security No. No card

4. Sex Male 5. Color or Race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Izola Walters 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased..... Oct. 12, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 2 9 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

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

16. (a) Informant Izola Walters
(b) Address 3022 A. Bell Ave.

17. (a) Burial (b) Date thereof Dec. 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.

19. (a) DEC 27 1943 (Date received local registrar)
J. F. Breda (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3022 A. Bell Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 st day December
year 1943 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....,
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from laceration of right temporal artery of skull when he was beaten with a blunt implement and a sharp instrument at the hands of patient party between December 21 last year before accident at home
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) Homicide
(b) Date of occurrence Dec 21 1943
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work? no (Specify type of place)
(e) Means of injury beaten

23. Signature Alfred Perry (M. D. or other)
Address St. Louis Date signed 12/24/43

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.....

Arthur L. Hilliard

Licensed Embalmer No. *4221*

P. O. Address *4219th E. Harper*

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.