

FILED MAY 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19192

Registration District No. 917

Primary Registration District No. 6076

Registrar's No. 1086

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mths 1 day
(Specify whether years, months or days)

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. 2625 Rawton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Earl Ernest Walker

3. (b) If veteran, name war _____ 3. (c) Social Security No. 425-12-1439

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Odessa Walker 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased 4 2 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 1 7 hr. min.

9. Birthplace Mc Gee Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Ernest Walker
13. Birthplace Unknown La
(City, town, or county) (State or foreign country)
14. Maiden name Dora Jones
15. Birthplace Mc Gee Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Coleman
(b) Address 2718a Spruce

17. (a) Burial (b) Date thereof 5-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 Rawton

19. (a) MAY 13 1944 (b) E. J. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9
year 44 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from 4-1-44
_____ 19____ to 5-9-44 1944
that I last saw him alive on 5-9-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary tuberculosis (mtd?)

Due to _____
Due to _____

Other conditions _____
(Include pregnancy, within 3 months of death)

Major findings:
Of operations _____
Of autopsy 13P-1

Duration
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 Bernard Friedman (M. D. or other) M.D.
Address Koch Hosp, Koch, Mo. Date signed 5-7-44

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 James A. Gammert
Licensed Embalmer No. 4142
P. O. Address St. Louis

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.