

No. 2
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X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20389
5169

State File No.

Registrar's No.

Registration District No. 18

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County cc 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:
Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...
3 days 0 (Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills. (b) County Madison

(c) City or town Collinsville
(If outside city or town limits, write "RURAL")

(d) Street No. R R 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME JAMES WALKER

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1944 hour 1 minute 30A. M.

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

4. Sex male

5. Color of race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Josephine Belle Walker

6. (c) Age of husband or wife if alive dead years

Immediate cause of death
Arsenic Poisoning; CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED.

Duration _____

7. Birth date of deceased Aug 22-1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 12 hr. _____ min.

Explanation Arsenic was used as a spray on his farm, whether he took it accidentally or intentionally could not be determined from the testimony of J. F. Budeck

9. Birthplace Central City, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Coal

Other conditions could not be determined from the testimony of J. F. Budeck
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

MOTHER FATHER

12. Name William Walker

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

14. Maiden name Sarah Hunter

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

Of autopsy 111

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Oliver B. Stalker

(b) Address Collinsville Ills. R 2

17. (a) burial (b) Date thereof 6/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville Ills.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open verdict

(b) Date of occurrence May 31st 1944 1310

(c) Where did injury occur? Collinsville Ill
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

18. (a) Signature of funeral director Geo. M. Schaeppel

(b) Address Collinsville, Ills.

19. (a) JUN 6 1944 (b) J. F. Budeck
(Date received local registrar) (Registrator's signature)

While at work? no (Specify type of place) (c) Means of injury arsenic

23. Signature Alfred Perry (M. D. or other)
Address Collinsville, Ills. Date signed 6/6/44

844

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Leo M. Schaeffer

Licensed Embalmer No. 1598

P. O. Address: Collinsville, Ills.,

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.