

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:
5896a Enright Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **45 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5896a Enright Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **HARRY L. WALKER**
3. (b) If veteran, name war **no** **3. (c) Social Security** No.
4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **6. (c) Age of husband or wife if alive** years **10 19 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	1	9	hr. min.

9. Birthplace **Versailles Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Motorman**

11. Industry or business
12. Name **BELFORD S. WALKER**
13. Birthplace **Delaware County Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Georgia M. Walker-no relative**
(City, town, or county) (State or foreign country)
15. Birthplace **Jeffersonville Indiana**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. D. M. Miller**

17. (a) Removal (Burial, cremation, or removal) **(b) Date thereof** (Month) (Day) (Year)
18. (a) Signature of funeral director **Alexander + Sons**
(b) Address **6175 Delmar Boulevard**
19. (a) NOV 29 1944 (Date received local registrar) **J. F. Bredenk** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **28** year **1944** hour **10** minute **15** 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
Cholelithotomy from
laceration of mesentery of single
Due to Bowel when he was found dead
in his room 5896 Enright Ave around
Due to 10:15 A.M. Nov. 28, 1944 Time, Place
Cause and manner of some could
not be determined
Other conditions (Include pregnancy within 3 months of death)

Major findings: **195**
Of operations
Of autopsy **14**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Open Verdict**
(b) Date of occurrence **Nov. 28 1944**
(c) Where did injury occur? **28th and No**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? (e) Means of injury **as above**
23. Signature **Thomas F. Callahan** (M.D. or other)
Coroner Date signed **4-29-44**

MOTHER, FATHER

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.....

Thomas R. Jenwick

Licensed Embalmer No. *3793*

P. O. Address.....

*St. Louis Mo
6175 Helma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.