

**FILED SEP 14 1945 STANDARD CERTIFICATE OF DEATH**

State File No. **26239**  
**7713**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis.**  
(c) Name of hospital or institution: **City Infirmary**  
(d) Length of stay: In hospital or institution **8 months 26 days**  
In this community **Life**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis.**  
(d) Street No. **5800 Arsenal St.**  
(e) Citizen of foreign country? **No.**

**3. (a) PRINT FULL NAME** **GEORGE WALKER.**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex **Male** 5. Color or race **Colored**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Sadie Walker**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **2 4 1874**

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **August** day **30th**; year **1945.** hour **7: 45 P.M.** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **July 2,** 19 **45,** to **August 30,** 19 **45;** that I last saw **him** alive on **August 30,** 19 **45;** and that death occurred on the date and hour stated above.

**8. AGE:** Years **71** Months **6** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **St. Louis, Sturgeon Mo.**

Immediate cause of death **Parisis 1945 plus**  
Due to **Cerebral Vascular Accident** **4 days**  
Due to **Generalized arteriosclerosis**  
Other conditions \_\_\_\_\_  
Major findings: **30**  
Of autopsy \_\_\_\_\_

**10. Usual occupation** **Porter**  
**11. Industry or business** \_\_\_\_\_  
**12. Name** **George Walker**  
**13. Birthplace** \_\_\_\_\_  
**14. Mother's name** **Mattie White**  
**15. Birthplace** \_\_\_\_\_  
**16. Informant** **Wm. Windsheimer**  
Address **5800 Arsenal St.**  
**17. (a) Burial** (b) Date thereof **9. 5. 1945**  
**18. (a) Signature of funeral director** **J. J. Braden**  
(b) Address **2732 Pine**  
**19. (a) SEP 4 1945** (b) **J. J. Braden**

**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? \_\_\_\_\_  
(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** **Daniel P. ...** (M. D. or N. D.)  
Address **5800 Arsenal St.** Date signed **8/30/45**

MOTHER FATHER

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

8010

APR 22 1955

**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 Joel Russell  
Licensed Embalmer No. 4112  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**  
If this body is not embalmed, fact should be so stated above.

12th of February 1945 to Honorable Discharge July 20 1945  
United States Army Feb. 25, 1899

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri } THE STATE BOARD OF HEALTH OF MISSOURI  
County of St. Louis } ss. BUREAU OF VITAL STATISTICS  
State File No. Death 7713  
Local Registrar's No. 7713

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 2 day of October, 1945, before me appears Priscilla Russell  
who, upon her oath, states that the original record of <sup>birth</sup> death  
for George Walker died born August 30, 1945, 19    , in the State of  
Missouri, and which was filed at St. Louis on 9-5-45 19    , should be corrected as follows:

- Item No. 9 should read Birthplace Sturgeon, Mo.  
Instead of Mexico, Mo.
- Item No.      should read       
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Priscilla Russell Relationship       
2732 Pine Blvd.  
Present Address.

Subscribed and sworn to before me this 2 day of Oct, 1945

My Commission expires March 4, 1949      Public.

26239