DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39897

FILED JAN 11 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11678

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2734 CASS AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 9 MONTHS 26 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2734a CASS AVE
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DANIEL LEE WALKER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race COL.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MARCH (Month) 1 (Day) 1945 (Year)

8. AGE: Years | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name ELLIOTT THOMAS WALKER

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

14. Maiden name EFFIE MAY WOODSON

15. Birthplace CARROLL CO. (City, town, or county) MISS. (State or foreign country)

16. (a) Informant Elliott T. Walker

(b) Address 2721a Dickson

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation GREEN WOOD

18. (a) Signature of funeral director Ehrhardt Keller

(b) Address 3039 BELL AVE.

19. (a) JAN 2 1946 (Date received by local registrar) (b) J. F. Bredicott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1945 hour 7 minutes 25 A.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.

Immediate cause of death 3rd degree burns of trunk
Cert. of baby in a fire at 2734 Cass Ave. about 7:30 Dec 27 1945 Mamy & Baby $1,500.00 Contents 300.00

Due to Cause and manner of fire could not be determined

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) Fire Vendetta

(b) Date of occurrence Dec 27 1945

(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? Home (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 1-2-4

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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