

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 19014

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4482

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4127 Page Boulevard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Sarah Walker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 25, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 20 hr. min.

9. Birthplace Memphis, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Public School Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Walker
13. Birthplace Germantown, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Johnson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Garnie J. Hawley
(b) Address 4127 Page Boulevard

17. (a) Burial (b) Date thereof May 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) MAY 19 1946 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

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. 4127 Page Boulevard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour 2 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from May 6,
1946, to May 15, 1946;
that I last saw her alive on May 15, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis
Due to un

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

Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury D

23. Signature L. J. Brooks (M. D. or other)
Address 2746 Franklin Ave., St. Louis Mo. Date signed 5/17/46

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.....

St Louis Mo

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.