

7. S. No. 2
DOM-5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19015

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4930

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
in this community _____
years, months or 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. 4003 Fairfax (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Walker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased JAN 16 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29
year 1946 hour 11 minute x A.M.
21. I hereby certify that I attended the deceased from 5-26 1946 to 5-29 1946
that I last saw him alive on 5-29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia - Primary Duration Unk
Due to _____
Due to _____
Other conditions None (Include pregnancy within 3 months of death) 107

8. AGE: Years Months Days If less than one day
4 13 _____ hr. _____ min.
9. Birthplace St. Louis MO 0
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name Willie D Walker
13. Birthplace Brownville TENN
(City, town, or county) (State or foreign country)
14. Maiden name Viola Smith
15. Birthplace Little Rock Ark
(City, town, or county) (State or foreign country)
16. (a) Informant Viola Walker
(b) Address 4003 Fairfax
17. (a) Burial (b) Date thereof: Jun 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas Ave
19. (a) JUN 3 1946 J. F. Bredack
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy Yes
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 _____
23. Signature Thomas Blevins (M. D. or other) _____
Address 2601 N Whittier Date signed 5/31/46

(Licensed Embalmer's Statement on Reverse Side)

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

17893

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 Burlean English
Licensed Embalmer No. 4208
P. O. Address 2931 Lucas, AVE

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.