

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

DEPARTMENT OF COMMERCE

FILED MAY 31 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19016

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 4659

1. PLACE OF DEATH:

(a) County St Louis mo
(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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William Harry Walker

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ivy 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 11 - 15 - 1903
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 8 If less than one day
hr. min.

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

10. Usual occupation Minister

11. Industry or business

12. Name John Walker

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

14. Maiden name Lemmie Brady

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

16. (a) Informant Ivy Walker

(b) Address Bloomington, Ill

17. (a) REMOVAL (b) Date thereof MAY 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRANITE CITY 146

18. (a) Signature of funeral director TATE FUNERAL HOME

(b) Address GRANITE CITY 146

19. (a) MAY 24 1948 (b) J. F. Brudley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Bloomington
(If outside city or town limits, write "RURAL") NR
(d) Street No. 407 W. Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1946 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12:30 am on May 23, 1946 to 9:15 am on May 23, 1946; that I last saw him alive on May 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Intra-cranial bleeding Duration _____

Due to Brain tumor - malignant

Due to _____

Other conditions (Include pregnancy within 3 months of death) 54

Major findings: Of operations _____

Of autopsy Cerebellar tumor (Microscopic section pending)

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) (e) Means of injury 0

23. Signature F. R. Brudley (M. D. or other) 0
Address Barnes Hospital Date signed 5/24/46

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..... *John Ketter*.....
Licensed Embalmer No..... *3880*.....
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.