

**FILED** AUG 20 1946

State File No. \_\_\_\_\_

Registration District No. 577

Primary Registration District No. 6076

Registrar's No. 660

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town So. Kinloch  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mc Guire me Hugs  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96  
(c) City or town South Kinloch 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mc Guire St me Hugs 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Geotye Walker

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Cornelia Walker  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 7 1886  
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Henderson Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation waiter

11. Industry or business Courtesy Clubs & Hotels

MOTHER FATHER

12. Name Robert Walker

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

14. Maiden name Annie Ferguson

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

16. (a) Informant Annie Walker

(b) Address Mc Guire St, So Kinloch

17. (a) burial (b) Date thereof Aug 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ray Johnson

(b) Address P.O. Box 240, Kinloch 21, Mo

19. (a) 8-12-46 (b) Elm St. St Louis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8<sup>th</sup>  
year 46 hour 09 minute 00 M.

21. I hereby certify that I attended the deceased from May 14 1946 to Aug 8<sup>th</sup> 1946  
that I last saw him alive on Aug 8<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic and Acute Sigmoid 6 weeks  
Metastatic carcinoma 3 weeks  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations \_\_\_\_\_  
Of autopsy none

Duration

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) no

(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? no (Specify type of place) (c) Means of injury no

23. Signature Ray Johnson (M. D. or other) \_\_\_\_\_

Address St Louis Date signed 8/12/46

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..... *James H. Johnson* .....

Licensed Embalmer No..... *3522* .....

P. O. Address..... *3704 Guiney 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.