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DEPARTMENT OF COMMERCE  
BUREAU OF STATISTICS  
**FILED AUG 20 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Registrar's No. **6927**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St Louis MO**  
(b) City or town **St Louis MO**  
(c) Name of hospital or institution:  
**3117 1/2 Washington Av. 1**  
(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 **Willie Walker**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

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

8. AGE: Years **About 59** Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **New Orleans La**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_  
12. Name **Not Known**  
13. Birthplace **Not Known**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Not Known**  
15. Birthplace **Ark**  
(City, town or county) (State or foreign country)

16. (a) Informant **Clubrey Davis**  
(b) Address **2815 A Walnut Street**  
17. (a) **Shipped** (b) Date thereof **8-8-46**  
(Burial, preparation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New Orleans La**

18. (a) Signature of funeral director **A. L. Beal and Co**  
(b) Address **2726 Luceau Ave.**  
19. (a) **AUG 8 1946** (b) **J. F. Broadack**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County **000**  
(c) City or town **St. Louis, Mo.** 2117  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3117-a Washington** 90  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug.** day **6th**  
year **1946** hour **11:20** minute **P.** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Ruptured Aortic Aneurysm;**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
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) (e) Means of injury **3**  
23. Signature **Alfred J. Perry**  
Address **Deputy Coroner** Date signed **8-8-46**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
28011

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**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 *Severin E. Anderson*

Licensed Embalmer No. *431*

P. O. Address *St. Paul, Minn.*

**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.**