No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35607

Registrar's No. 9335

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:
4894 Margaretta Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4894 Margaretta Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Elliot Skinner

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 Rena Skinner

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Mar. (Month) 24 (Day) 1871 (Year)

8. AGE: Years 75 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Mobile (City, town, or county) Ala. (State or foreign country)

10. Usual occupation Night Manager (Retired)

11. Industry or business Western Union

FATHER
12. Name Thomas Skinner
13. Birthplace (City, town, or county) N. Y. (State or foreign country)

MOTHER
14. Maiden name Minnie Peoples
15. Birthplace (City, town, or county) La. (State or foreign country)

16. (a) Informant Rena Skinner
(b) Address 4890 Margaretta Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) OCT 31 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1946 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from July 1 1945 to Oct 29 1946 that I last saw him alive on Oct 29 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	3 yrs
Due to Arteriosclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. E. Jones (M. D. or other)
Address 4000 Olive St Date signed Oct 31/46

(Licensed Embalmer's Statement on Reverse Side)

2 to 4

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 Warren G. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.