

No. 2  
-12-45  
-17-39  
X47070

STANDARD CERTIFICATE OF DEATH

State File No. **35630**  
**8640**  
Registrar's No. ....

**FILED** *week 1* 1946  
Registration District No. **318**

Primary Registration District No. **1003**

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

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 25 days (Specify whether  
In this community 23 yrs  
years, months or days)

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. 1128 1/2 Hadley  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Julius Walker

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6  
year 1946 hour 10 minute 45 P.M.

4. Sex M 2 5. Color or race Negro

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Julius 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased unknown  
About 60 (Month) unknown

21. I hereby certify that I attended the deceased from  
September 11, 1946 to October 6, 1946  
that I last saw h. im alive on October 6, 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>60</u>				hr. .... min.

Immediate cause of death.....  
Arteriosclerotic Heart Disease

Duration Unk

9. Birthplace Union Ark. 1  
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

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

10. Usual occupation Farmer

Major findings:  
Of operations.....

11. Industry or business.....

Of autopsy.....

12. Name Julius Walker

PHYSICIAN  
Underline the cause to which death should be charged statistically.

13. Birthplace Union Ark. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary West

15. Birthplace Union Ark. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Larry Dillora

(b) Address 1128 1/2 Hadley St.

17. (a) Burial (b) Date thereof Oct 9, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Washington Park

18. (a) Signature of funeral director Moore Vossan

(b) Address 2812 Cope

19. (a) OCT 8, 1946 (b) J. F. Brueck  
(Date received local registry) (Registrar's signature)

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.....

23. Signature E.B. Williams (M. D. or equivalent)

Address 2601 N Whittier St Date signed 10-7-46

