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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7083

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2275

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 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 17 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3633 Cook
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Walker
3. (b) If veteran, name war ---
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Walker
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 11 - 4 - 1895 (Month) (Day) (Year)
8. AGE: Years 51 Months 3 Days 29 If less than one day hr. min.
9. Birthplace Columbia (City, town, or county) Louisiana (State or foreign country)
10. Usual occupation Janitor
11. Industry or business ---
FATHER 12. Name John Ed. Walker
13. Birthplace Columbia (City, town, or county) Louisiana (State or foreign country)
MOTHER 14. Maiden name Annie Sillars
15. Birthplace Columbia (City, town, or county) La. (State or foreign country)
16. (a) Informant Floyd Walker
(b) Address 1212 Walton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fremont Cem Washington Mo
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) MAR 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3 year 1947 hour 2 minute 40 P.M.
21. I hereby certify that I attended the deceased from 2-25- 1947, to 3-3 1947; that I last saw him alive on Mar. 3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease with Decompensation	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 O

23. Signature Edw. P. Williams (M. D. ~~or other~~)
Address 2601 N Whittier Date signed 3/4/47

(Licensed Embalmer's Statement on Reverse Side)

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 John K. Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed Chas J. Gates

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.