V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26170

FILED AUG 8 948

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 2020

WRITE PLAINLY—USING 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 People's Hospital
(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 5weeks

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. 2609a Cass Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Alfred Walker
3. (b) If veteran, name war ------
3. (c) Social Security No. ------
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov. (Month) 22 (Day) 1874 (Year)

8. AGE: Years 72 | Months 8 | Days 5 | If less than one day ..... hr. ..... min.
9. Birthplace Egypt (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER 12. Name Tom Walker
13. Birthplace Egypt (City, town, or county) Miss. (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Alfred Walker
(b) Address 2609 Cass Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Egypt Mississippi
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) JUL 29 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1947 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from July 23, 1947 to July 27, 1947 that I last saw h. alive on 7/27/ 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myo-Carditis	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 J. C. Amp (M. D. or other) M.D.
Address 2741 A Franklin Ave. Date signed 7-28-47

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Fulton G. Culkin.....

Licensed Embalmer No.....498.....

P. O. Address.....St. Louis 132 M

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.