No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED NOV 3 1947

Registration District No. 318 — Primary Registration District No. 1003 — State File No. 36369 — Registrar's No. 9711

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: DePaul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community (years, months or days)

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. 3515a Dodier St (If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Elmer L. Walker

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 17 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
57	4	3	hr. min.

9. Birthplace E. St. Louis Ill (City, town, or county) (State or foreign country)

10. Usual occupation Clerk Sales Dedp

11. Industry or business Carter Carb Co

FATHER
12. Name Charles J. Walker
13. Birthplace Maine (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kate Edwards
15. Birthplace E. St. Louis Ills (City, town, or county) (State or foreign country)

16. (a) Informant Lottie M. Witte

(b) Address 3515a Dodier St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) OCT 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20. year 1947 hour 9. minute A. M.

21. I hereby certify that I attended the deceased from Oct 19, 1947, to Oct 20, 1947, that I last saw him alive on Oct 20, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 A H Lewing (M. D. or other) M D

Address 2342 St Louis Av Date signed 10/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

mil

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 John A. Mlinar

Licensed Embalmer No. #186

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.