S. No. 2
I—1/47
5-17-39

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

State File No. 36370

FILED NOV 3 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9785

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 14 days (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. 3321 Laclede
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wayman Walker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hattie Walker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 17 1890 (Month) (Day) (Year)

8. AGE: Years 57 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Lawrence, S.C. (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name Richard Walker
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah ?
15. Birthplace ? S.C. (City, town, or county) (State or foreign country)

16. (a) Informant Albert Walker
(b) Address 12 So. Compton Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Conway, Ark.
18. (a) Signature of funeral director Russell Und. Co.
(b) Address 2732 Pine Street
19. (a) OCT 22 1947 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19 year 1947 hour 1 minute 35 P M.

21. I hereby certify that I attended the deceased from Oct. 5, 1947 to Oct. 19, 1947 that I last saw him alive on Oct. 19, 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Lobar Pneumonia, right | Undet. |
| Pleural Effusion and Generalized | |
| Arteriosclerosis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Chr. Luetic Heart Disease | |

Major findings:
Of operations
Of autopsy None

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 Oscar Daniels (M. D. or other)
Address 2601 N Whittier Date signed 10/20/47

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

**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.