No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7163

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1409

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: Peoples Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 27 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2207 Delmar (If rural, give location) 9
(e) Citizen of foreign country? 21 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jim Walker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Divorced 5
6. (b) Name of husband or wife Rosie Walker
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased 3 (Month) 15 (Day) 1895 (Year)

8. AGE: Years 52 Months 10 Days 25 If less than one day br. min.

9. Birthplace Starksville (City, town, or county) Miss 1 (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name James Walker
13. Birthplace Starksville (City, town, or county) Miss 1 (State or foreign country)
MOTHER
14. Maiden name Cora Bray
15. Birthplace Starksville (City, town, or county) Miss 1 (State or foreign country)
16. (a) Informant John Walker
(b) Address 2207 Delmar Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Dale Cemetery
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St.
19. (a) FEB 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 9th year 1948 hour 3 minute 15 a. M.

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

Immediate cause of death Ruptured Aorta
Due to Aneurysm
Due to
Other conditions (Include pregnancy within 3 months of death) 30
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) 3
While at work? (e) Means of injury
23. Signature Patrick E. Taylor (M. D. or other) Dep Cor
Address 1300 Clark Date signed 2-10-48

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. Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave.

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.