

FILED OCT 9 1948 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8398

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3: (a) PRINT FULL NAME Kenneth A. Walker

3. (b) If veteran, name war no 3. (c) Social Security No. 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 Dec. 6 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 9 20 hr. _____ min.

9. Birthplace Lesterville Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At School.

11. Industry or business _____

12. Name James P. Walker

13. Birthplace Lesterville Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Fay Hurt

15. Birthplace Monterey Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant James P. Walker

(b) Address 1822 S. 7th St.

17. (a) Burial (b) Date thereof 9-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lesterville Mo.

18. (a) Signature of funeral director With Bro. & Neph

(b) Address 2929 S. Jefferson Ave

19. (a) SEP 27 1948 (b) J. J. Breeseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 7220 (b) County 0320
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1822 S. 7th St
(If rural, give location)
(e) Citizen of foreign country? 23 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1948 hour 7 minute 30 A. M.

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

Immediate cause of death Gunshot wound of Skull and Brain; inflicted with rifle in the hands of one Donald Price when the rifle was accidentally discharged while they were playing in an automobile while on a camping trip in St. Louis County, Mo. 1 1/2 miles west of Telegraph Rd.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

and Mattese Creek, around 6:20
Major findings:
Of operations A.M. Sept. 26th, 1948.

Of autopsy _____
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) Accident
(b) Date of occurrence Sept. 26, 1948

(c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place

While at work? No (Specify type of place)
(e) Means of injury See Above

Signature [Signature] (M. D. or other) _____
Address _____ Date signed 9/26/48

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

MOTHER FATHER

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 D. M. Davis

Licensed Embalmer No. 3241

P. O. Address 2929 So Jefferson

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.