

No. 300
-10-47
-17-39
-I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31512
7902

FILED SEP 20 1948

State File No. 7902

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

1. PLACE OF DEATH
(a) County ST LOUIS
(b) City or town ST LOUIS
(c) Name of hospital or institution:
411 S. Leffingwell Ave
(d) Length of stay: In hospital or institution
38 yrs.
In this community 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ST LOUIS
(c) City or town ST LOUIS
(d) Street No. 411 S. Leffingwell
(e) Citizen of foreign country? No

3: (a) PRINT FULL NAME Mrs. Tommie Walker
3. (b) If veteran. No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 5th
year 1948 hour 10:00 minute A. M.

4. FEMALE 5. Color or race COLO
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 17 years

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.

7. Birth date of deceased 9 17 1899
(Month) (Day) (Year)

Immediate cause of death
Subdural Hematoma;
TIME, PLACE, CAUSE AND MANNER OF
Due to SAME COULD NOT BE DETERMINED;

8. AGE: Years 48 Months 11 Days 18
If less than one day _____ hr. _____ min.

Due to OPEN VERDICT
Other conditions (Include pregnancy within 3 months of death) 82

9. Birthplace KENTUCKY
10. Usual occupation HOUSEWORK
11. Industry or business
12. Name BEN BELL
13. Birthplace TENN.
14. Maiden name ONANOVNA
15. Birthplace " "

Major findings:
- Of operations _____
- Of autopsy _____

16. (a) Informant George Walker
(b) Address 4544 Currier Ave
17. (a) Burial (b) Date thereof 9-14-48
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director [Signature]
(b) Address 3103 Washington
19. (a) SEP 8 1948 (b) [Signature]

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
Signature [Signature] (M. D. or other) _____
Date signed 9/7/48

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

W. L. Lande

Licensed Embalmer No. *3487*

P. O. Address *4575 Aldine*

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.