

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 1 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

41916
State File No. _____
Registrar's No. 11366

Registration District No. 318

Primary Registration District No. 1003

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 Barnes Hospital, U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 093
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3306 PINE
21 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SADIE WALKER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife William Henry Walker 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 26, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 1 27 hr. min.

9. Birthplace Savannah, Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant T.L. Walker
(b) Address 741 Aubert Ave.

17. (a) Burial (b) Date thereof 12/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C.W. Roberts
(b) Address 1416 N. Taylor Ave.

19. (a) DEC 30 1948 (b) J. Blacaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 23
year 1948 hour 8:05 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 11-24-48 19____ to 12-23-48 19____;
that I last saw h. er alive on 12-23-48 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease Duration 2-3 yrs.

Due to Arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy acute aortitis, extension of aorta, coronary arteries

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 J.R. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 12/24/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

James Carter, Registered Apprentice No. *290*
working under my personal supervision.

Signed *Annie Roberts*

Licensed Embalmer No. *4439*

P. O. Address *1416 N. Taylor*

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.