

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25381**
6062
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN ST. LOUIS.)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 7219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				2. STREET ADDRESS (If rural, give location) 1007 N. GARRISON 0			
3. NAME OF DECEASED (Type or Print) Thomas Walker			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) July 11 1950	
5. SEX MALE		6. COLOR OR RACE COL.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE U		8. DATE OF BIRTH JAN. 3 - 1902	
9. AGE (in years last birthday) 48		10. MONTHS 6		10. DAYS 8		11. BIRTHPLACE (State or foreign country) MISS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY U		11. BIRTHPLACE (State or foreign country) MISS 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SAM WALKER			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME LETHA MOORE ADDRESS 1007 N. GARRISON			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mechanical Intestinal Obstruction ANTECEDENT CAUSES DUE TO (b) Postoperative Adhesions DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 570.5					
22. I hereby certify that I attended the deceased from 7-4 1950 , to 7-11 1950 , that I last saw the deceased alive on 7-11 1950 , and that death occurred at 5:55a m. , from the causes and on the date stated above.							
23a. SIGNATURE M. D. Lawrence (Degree of title) M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 7-11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-15-50		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS. MO.	
DATE REC'D BY LOCAL REG. JUL 14 1950		REGISTRAR'S SIGNATURE J. B. Kester		25. FUNERAL DIRECTOR'S SIGNATURE PETTIS FUNERAL HOME ADDRESS 4181 WASHINGTON			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No.....

Signed.....

Easter A. Harris

Signed.....

Student Embalmer

Licensed Embalmer No. *4458*

P. O. Address. *4181 Washington*

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.