

Reg. No. 147 67 268
JAN 26 1951
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43912
Registrar's No. 3125

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give town or township) JEFF. BRKS. MO
c. LENGTH OF STAY (In this place) 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY 2103
c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 1
d. STREET ADDRESS (If rural, give location) 3007 A CLARK AVENUE

3. NAME OF DECEASED
a. (First) FRANK
b. (Middle)
c. (Last) WALKER
4. DATE OF DEATH (Month) (Day) (Year) 12 21 50

5. SEX M
6. COLOR OR RACE N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7/4/95
9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs: Hours) (Min.) 55 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse man
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri D
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bud Walker
13b. MOTHER'S MAIDEN NAME Maggie Hall
14. NAME OF HUSBAND OR WIFE Brover Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World I
16. SOCIAL SECURITY NO. 188017550
17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. A. HOSPITAL RECORDS, JEFF. BRKS. MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY INFARCTION
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MALIGNANT MELANOMA
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 190X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) VA m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4, 1950, to 12/21, 1950, that I last saw the deceased on 12/21, 1950, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell (Degree or title)
23b. ADDRESS
23c. DATE SIGNED 12-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 12-27-50
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State) JEFF. BRKS. MO.

DATE REC'D BY LOCAL REG. 12/26/50
REGISTRAR'S SIGNATURE Herbert Robinson M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.F. WALTON FUNERAL HOME 2707 STODDARD ST. LOUIS, MO.

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

Arthur L. Heilbard

Signed.....

Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address

404 1/2 St. Jackson

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.