

FILED FEB 21 1955 STANDARD CERTIFICATE OF DEATH

State File No. **6593**
1425

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1016 Eureka Flats / 2119		d. STREET ADDRESS (If rural, give location) 1016 Eureka Flats	
3. NAME OF DECEASED (Type or Print) Harold		a. (First) Walker	4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1955
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/9/1919
9. AGE (In years last birthday) 35		10. MONTHS 7	11. DAYS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY --	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Briggs Walker	13b. MOTHER'S MAIDEN NAME Bessie Fleming	14. NAME OF HUSBAND OR WIFE Edith Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 486-14-9784	17. INFORMANT'S SIGNATURE OR NAME Edith Walker
(If yes, give war or dates of service) WWII		ADDRESS 1016 Eureka Flats

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cor Pulmonale		
	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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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? 4343

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:29** a.m., from the causes and on the date stated above.

23a. SIGNATURE Patricia Taylor Corbett	(Degree or title) _____	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2.15.55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/17/55	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
DATE REC'D BY LOCAL REG. FEB 15 1955	REGISTRAR'S SIGNATURE Charles J. Gates	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1913

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4107 Finney Ave.

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.