96
JUL 27 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22570

1. PLACE OF DEATH MOUNT ST. ROSE
County ST. LOUIS
Township CARONDELET
City ~~St. Louis, Mo.~~ (No. Mount St. Rose Hospital St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 E
File No.
Registered No. 247

2. FULL NAME Charles Dean Walker (Chas Dean Walker)
(a) Residence. No. Lutesville, Mo. St., Ward. Lutesville, Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 1 Week How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsa Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16, 1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
31	10	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hardware Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lutesville, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER C.A. Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown - Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lutesville Mo.
(STATE OR COUNTRY)

14. INFORMANT Elsa Walker
(Address) Lutesville, Mo

15. FILED June 27, 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-27-29 19

17. I HEREBY CERTIFY, That I attended deceased from 6-15-29, 19, to 6-27-29, 19, that I last saw him alive on 6-27-29, 19, and that death occurred, on the date stated above, at 3:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC PRIMARY TUBERCULOSIS
23 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Various
(Signed) Louis C. Boeshmer M.D
, 19 (Address) MOUNT ST. ROSE

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

Resident physician

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lutesville, Mo
DATE OF BURIAL 6-29 1929

20. UNDERTAKER Baker Hnd W
ADDRESS Lutesville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.