

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

13070
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **Saint Louis** (d) Street No. **Peoples Hospital** St. **11**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **Unavailable** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3674**

2. PRINT FULL NAME **Tennie McClendon Walker** *426*

(a) Residence, No. **4014 Cook Avenue** St. **11**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **McClendon**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 6, 1894**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
43 1 9
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Maid**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Private Family**
 10. Date deceased last worked at this occupation (month and year) **1938** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) **Nashville** (STATE OR COUNTRY) **Tennessee**

FATHER 13. NAME **Hutch Walker** 14. BIRTHPLACE (CITY OR TOWN) **Unavailable** (STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Cora Cecil** 16. BIRTHPLACE (CITY OR TOWN) **Unavailable** (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Bessie Scott** (ADDRESS) **3924 Cook Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood Cemetery** **4/20/38**

19. FUNERAL DIRECTOR **Charles J. Gates** (ADDRESS) **4107-09 Finney Avenue**

20. FILED **APR 20 1938** **J. P. Budek**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 15th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **4/12** 1938, April 15th, 1938
 I last saw her alive on **April 15th, 1938** Death is said to have occurred on the date stated above, at **6:20 m. p.m.**
 The principal cause of death and related causes of importance were as follows:

*Chronic Nephritis
Enteritis*
 Date of onset **about 1918**
 Other contributory causes of importance: *Myocarditis (chronic)* **1921**

Name of operation **None** Date of..... No.....
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **None**
 (Signed) **J. P. Budek**, M. D.
 (Address) **3136 Chouteau Avenue**

STATEMENT BY LICENSED EMBALMER

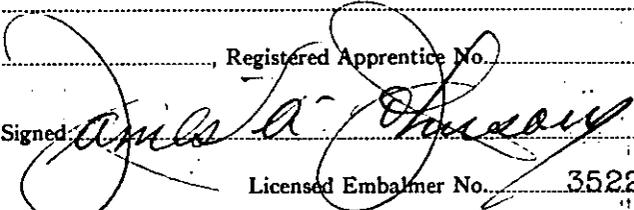
I, James Arthur Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed: 

Licensed Embalmer No. 3522

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.)