

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
1003604
Do not use this space.

Registered No. 604

1. PLACE OF DEATH

 (a) County
 (b) Township
 (c) City St. Louis (d) Street No. Homer Phillips Hospital St.
 (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 9 yrs. moe. ds. (f) How long in U. S., if of foreign birth? yrs. moe. ds.
2. PRINT FULL NAME 426 Virginia Walker
 (a) Residence, No. 1014 N 20th St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnnie Walker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1916
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
22 9 27

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundress
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) Pennsylvania
(STATE OR COUNTRY)FATHER 13. NAME John Harris14. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Susie McNeal16. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL
PLACE Washburn Park DATE 1-19-3919. FUNERAL DIRECTOR (NAME) R. F. Buddie Walker
(ADDRESS) 2707 Stoddard20. FILED JAN 19 1939
J. P. Buddie Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 193922. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1938, to Jan. 12, 1939I last saw her alive on Jan. 12, 1939. Death is said to have occurred on the date stated above, at 4:05p m.

The principal cause of death and related causes of importance were as follows:

PallegraDate of onset
12/28/38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. J. Lyman, M. D.
(Address) 2601 N Whittier

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.

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 L. B. ...
....., Registered Apprentice No.
working under my personal supervision.

Signed Lorain B. ...
Licensed Embalmer No. 294
P. O. Address St. Louis

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, above space should be left blank.