

DEPT MAR 13 1939

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

5095
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... **791**
(b) Township..... Primary Registration District No..... **1003**
(c) or **St. Louis** (d) Street No..... **Homer Phillips Hospital** St.
(If death occurred in Hospital of Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. **1 hour** (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **H. G. Carl Walker**

(a) Residence, No. **602 Cornell Street** St. **NR** **Webster Groves, Missouri**
(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 **M** 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 **Ruth L Walker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 14, 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
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) (STATE OR COUNTRY) **Tennessee**

FATHER 13. NAME **George Walker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Callie ?**

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Buckner** DATE **2-26** 19**39**

19. FUNERAL DIRECTOR (NAME) **J. C. Lewis**
(ADDRESS) **Webster Groves**

20. FILED **FEB 24 1939** **J. D. Buckner** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 22** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 20** 19**39** to **Feb. 22** 19**39**

I last saw h. in alive on **Feb. 22** 19**39** Death is said to have occurred on the date stated above, at **11:55a.m.**

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

Hypertensive heart disease

Date of onset **2/20/39**

Other contributory causes of importance:

Name of operation _____ Date of _____
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 _____
(Signed) **J. D. Buckner**, 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.

NOV 27 1952
AUG 27 1952
AUG 30 1949

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 J.C. Lewis

....., Registered Apprentice No.

working under my personal supervision.

Signed J.C. Lewis

Licensed Embalmer No. 2027

P. O. Address Westerly, R.I.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.