

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.

I X12004

*Bluesdale*  
*Hermann, Mo*  
1. PLACE OF DEATH **1939**

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

13592  
Do not use this space.

(a) County Hermann Registration District No. 791  
 (b) Township 1 Primary Registration District No. 1003 Registered No. 3934  
 (c) City St. Louis (d) Street No. Deaconess 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 yrs. mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anthony B. Walker  
 (a) Residence, No. Hermann, Missouri St. NR  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	77	5	5	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker

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) 4/10/39 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Missouri

FATHER

13. NAME Anton Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Mathilda Gulden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs. Hugo Wagner Hermann, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Hermann City Cem 4/28/39

19. FUNERAL DIRECTOR (ADDRESS) A. N. Hoppe Inc. 4700 Washington

20. FILE APR 28 1939 J. B. Budick Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1939, to Apr 25, 1939  
 I last saw him alive on Apr 25, 1939 Death is said to have occurred on the date stated above, at 1 P m.  
 The principal cause of death and related causes of importance were as follows:

<u>Carcinoma of Prostate</u>	Date of onset
<u>chronic pyelonephritis</u>	<u>?</u>
<u>Pyelonephritis chronic</u>	<u>?</u>

Other contributory causes of importance:  
Pyelonephritis chronic ?

Name of operation Prostatectomy Date of Apr 18  
 What test confirmed diagnosis? Culturing 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Bluesdale M.D.  
 (Address) 607 N Grand

MAY 26 1951

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**STATEMENT BY LICENSED EMBALMER**

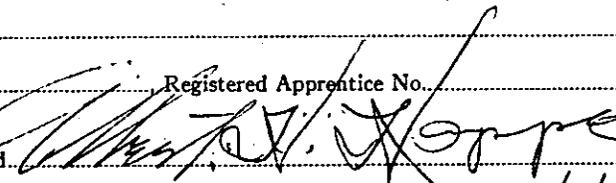
I, ....., Licensed Embalmer No. ....

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed  .....

Licensed Embalmer No. 1861

**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.)**