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13-40
7-39
X23159

Registration District No. **791**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3958 Maffitt Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** **11**
(If outside city or town limits, write "RURAL")
(d) Street No. **3958 Maffitt Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Charles F. Walker**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **499-01-565 B**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Cora E. Walker**
6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **Feb. 14th 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 9 4 hr. min.

9. Birthplace **Dexter Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck driver**

11. Industry or business _____

12. Name **Douglas Walker**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Sally Finley**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cora E. Walker**

(b) Address **3958 Maffitt Ave.**

17. (a) **Removal** (b) Date thereof **11-20-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dexter Mo.**

18. (a) Signature of funeral director **Kriegshauser Mortuar**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **NOV 19 1940** (b) _____
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18th**
year **1940** hour **5:10** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **Nov 16**
19**40**, to **Nov 18** 19**40**
that I last saw him alive on **Nov 10** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **No**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **NO**

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **E. C. Emerson** (M. D. or other) _____
Address **3870 Eastern** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3870 Easton Ave
No: 1158 9-11

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Edura M. Permat*

Licensed Embalmer No. *3024*

P. O. Address.....

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, fact should be so stated above.