No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 310

Registration District No. 1003 FEB 25 1941 791

Primary Registration District No. 1003

Registrar's No. 310

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: BARNES HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Louisiana (b) County 999

(c) City or town New Orleans N.R.6
(If outside city or town limits, write "RURAL")

(d) Street No. 1935 Palmer Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Randall Felix Walker

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male C

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ola Walker

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased DEC (Month) 7 (Day) 1894 (Year)

8. AGE: Years 46 Months 1 Days 4 If less than one day hr. min.

9. Birthplace DODSON (City, town, or county) LA. (State or foreign country)

10. Usual occupation INSORANCE AGENT

11. Industry or business

FATHER
12. Name FELIX WALKER
13. Birthplace — (City, town, or county) ALABAMA (State or foreign country)

MOTHER
14. Maiden name ELIZABETH JONES
15. Birthplace — (City, town, or county) MISS. (State or foreign country)

16. (a) Informant HENRY WALKER
(b) Address FOREST PARK HOTEL

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 1-13-1941 (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director [signature]
(b) Address 3013 Muscoma Ave

19. (a) JAN 13 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1941 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from January 21, 1941, to January 11, 1941; that I last saw him alive on January 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver, Banti's disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Splenectomy
Of autopsy None performed

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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 F R Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 1-11-41

(Licensed Embalmer's Statement on Reverse Side)

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 George F. Archambault, Registered Apprentice No. ..... working under my personal supervision.

Signed George F. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miami

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

If this body is not embalmed, fact should be so stated above.