

FILED MAY 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12539

Registrar's No. 2969

Registration District No. 791

Primary Registration District No. 1003

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: Homer G. Phillips Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days  
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 21 17 7  
(If outside city or town limits, write "RURAL")

(d) Street No. 2012 Biddle  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mitchell Walker

3. (b) If veteran, name war NONE

3. (c) Social Security No. 489-16-5420

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st  
year 1941 hour 7:35 minute. P. M.

4. Sex MALE 5. Color or race NEGRO

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

6. (b) Name of husband or wife LULA WALKER 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased MARCH - 16 - 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 17, 1941 to April 1, 1941;  
that I last saw him alive on April 1, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

52 0 15 hr. min.

Immediate cause of death Lobar Pneumonia (Right) 19 days

9. Birthplace Blanch North Carolina  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Labour

11. Industry or business Reliable Bottle Co

12. Name SAMUEL WALKER

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy As above

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Lula WALKER

(b) Address 2012 BIDDLE, St

17. (a) Burial (b) Date thereof 4-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON Park

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) APR - 4 1941 (b) J. J. Thebeck  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Clarence Allen (M. D. or other) \_\_\_\_\_

Address 2601 N. Whittier St. Date signed \_\_\_\_\_

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

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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.....

*Louis V. Atkins*

Licensed Embalmer No.....

*2842*

P. O. Address.....

*3644 Finney*

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.