No. 2
-1-4-41
5-17-39
I. X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23218

FILED AUG 14 1942

Registration District No. 991

Primary Registration District No. 1003

Registrar's No. 6540

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: Missouri Pacific Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 915
(If outside city or town limits, write "RURAL")

(d) Street No. 4241 So. Grand Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Paul Burch Walker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emma M. Walker

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

7. Birth date of deceased May (Month) 11th (Day) 1885 (Year)

8. AGE: Years 57 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Wentzville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Signal Maintainance

11. Industry or business Termainal R.R.

FATHER
12. Name George Walker
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Caroline Pritchard
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Emma Walker
(b) Address 4241 So. Grand Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 3 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st year 1942 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from 7-6 1942, to 8-1 1942; that I last saw him alive on 8-1 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung rt. lower lobe

Due to

Due to

Other conditions Adhesive Pleuritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Leing S. Cox (M. D. or other)
Address Mo. Pac. Hospital Date signed 8/1/42

(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.....

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

working under my personal supervision.

Signed Reinhold K. Lohrmann

Licensed Embalmer No. 3395

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.