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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed OCT 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35831

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2383

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6147 Gambleton Place /
(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 Mo. (b) County St. Louis 96

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6147 Gambleton Place
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter Joseph Skinner.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Skinner

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May 8, 1857.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	5	15	hr. min.

9. Birthplace London, England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Car Inspector

FATHER
12. Name Francis Skinner
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Kennedy
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Skinner
(b) Address 6147 Gambleton Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27/43.
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) OCT 26 1943 (Date received local registrar) (b) E. G. McGavran, M.D. 2.5 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1943 hour 4.40 minute P.M. M.

21. I hereby certify that I attended the deceased from July 1, 1943, to Oct 23, 1943;
that I last saw him alive on Oct 23-43, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy 93d	

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

22. If death was due to external causes, fill in the following: No.
(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 Mrs J Langon Jr ? (M. D. or other)
Address 5803 Plymouth Av Date signed Oct 22 20

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.J. Langan
5803 Plymouth Ave.,
CA. 0220

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 Alan J. Neely

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

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.