

DEC 22 1943
Registration District No. **818**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **St. Marys Infirmary**
(If not in hospital or institution, write street number or location) **arrival**
(d) Length of stay: In hospital or institution **immediately after/**
In this community **26 Yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3523a Clark Avenue**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Larney Walker**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Fem** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Abrom Walker** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **February 15, 1906**
(Month) (Day) (Year)

8. AGE: **37** Years **7** Months **22** Days If less than one day
.....hr.min.

9. Birthplace **Meridian Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER {
12. Name **Anthony Grady**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Sidney Spinks**
15. Birthplace **Meridian Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Abrom Walker**
(b) Address **3523a Clark Avenue**

17. (a) **Burial** (b) Date thereof **12/11/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park Cem**

18. (a) Signature of funeral director **R. M. C. Green**
(b) Address **3517 Laclade Avenue**

19. (a) **DEC 11 1943** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **7**
year **1943** hour **11** minute **00** a. M.

21. I hereby certify that I attended the deceased from **December 5**
1943 to **December 7** **1943**
that I last saw her alive on **December 7** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral Pneumonia**
and Diabetic Coma
Due to **Pneumococci Bacilli**
and diabetes

Due to **61**
Other conditions **61**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury
23. Signature **Oscar William Johnson** (M. D. or other)
Address **1046a N. Main Street** Date signed **12-11-43**

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

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.....

..... Licensed Embalmer No.....

..... 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.