

FILED JAN 3 1944 **818**

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **11463**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write name of township)
(c) Name of hospital or institution: **XXXXXX Pronounced dead at City Hosp. #2**
(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 **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **2220 A. Cole St.** (If rural, give location) **921**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec. 17** day
year **1943** hour **11:00** minute **A** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia**
Pneumonia

Duration

Due to _____

Due to _____

Other conditions (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) _____
Means of injury _____

23. Signature **Alfred Perry** (M. D. or other)
Address _____ Date signed **12/21/43**

3. (a) PRINT FULL NAME **Robert Walker Jr.**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **NO** 6. (c) Age of husband or wife if alive **NO** years

7. Birth date of deceased **Oct. 1, 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
None 2 16 hr. min.

9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business _____

12. Name **Robert Walker**

13. Birthplace **Miss.** (State or foreign country)

14. Maiden name **Rosie Lee Hardy**

15. Birthplace **Ark.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rosie Lee Lewis**

(b) Address **2220 A. Cole St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12 21 43** (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cemetery A.L. Seal Und. Co.**

18. (a) Signature of funeral director _____

(b) Address **2726 Lucas Ave.**

19. (a) **DEC 21 1943** (Date received local registrar) **J. F. Beeson** (Registrar's signature)

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

MOTHER FATHER

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219th E. Gayfield

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.