

FILED JAN 5 1945 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 10886

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days 0
(Specify whether)

In this community 2 years
years, months or days

3. (a) PRINT FULL NAME Henry Walker

3. (b) If veteran, ✓ name war ✓

3. (c) Social Security No. ✓

4. Sex M 5. Color or race C

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

6. (b) Name of husband or wife. _____

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: abt 60
Years Months Days If less than one day

_____ hr. _____ min.

9. Birthplace N Henderson Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Horace Walker

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

14. Maiden name Matie Suggs

15. Birthplace Henderson Ky
(City, town, or county) (State or foreign country)

16. (a) Informant B. A. Touchette

(b) Address 1504a Blair Ave

17. (a) Removal (b) Date thereof 12 23 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henderson Ky

18. (a) Signature of funeral director A. E. Walton

(b) Address 2909 S E - 1st St

19. (a) DEC 21 1944 (b) J. F. Bridick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County KCO

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

(d) Street No. 1504a Blair Street 26
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1944 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from December 16, 1944, to December 19, 1944;
that I last saw him alive on December 19, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Left Lobar Pneumonia
Duration 8 days

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)

(e) Means of injury _____

23. Signature Alva Mason (M. D. or other) 0
Address 2601 W. Hotter Date signed 12/20/44

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard

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.