

S. No. 2
M-8-43
v. 5-17-39
X37823

21423

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1945
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1717

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (near) Allenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 4 years (years, months or days)

3. (a) PRINT FULL NAME William Walker
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex Male
5. Color or race white
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 Febr. 17 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 4 17 hr. _____ min.

9. Birthplace Harrisburg Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation at school

11. Industry or business _____
12. Name Albert Walker
13. Birthplace New Madrid Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nethy Hague
15. Birthplace Harrisburg Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Walker
(b) Address Allenton Mo.

17. (a) Burial (b) Date thereof 7/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Allenton Mo.

18. (a) Signature of funeral director Geo. S. Shields
(b) Address Pacific Mo.

19. (a) 7-5-45 (b) E. G. Mc Gurn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Allenton 91
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 4
year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple abrasions and lacerations of head and chest, & multiple fractures of legs & arms. Duration _____
Due to _____

Due to Accident (Struck by a Frisco train while standing on track)
Other conditions on track 169-4
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 30
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) Accident 09/16
(b) Date of occurrence 7-4-45 of _____
(c) Where did injury occur? 1 Mile West Allenton, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? St. L. S. F. Ry. Right of way
While at work? NO (Specify type of place)
(e) Means of injury Blunt Impact
23. Signature Arnold J. Willmann 3 Coroner
Address Clayton Mo Date signed 7-6-45

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 *James L. Hughes*

Licensed Embalmer No. *3008*

P. O. Address *Pacific Mo*

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.