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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32472

FILED NOV 2 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8950

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4309 Gano Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (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 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4309 Gano Ave 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry W.G. Walker

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara E Walker nee Weiss
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased February 7, 1872 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	8	7	hr. min.

9. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name William Walker
13. Birthplace Unknown (City, town, or county) Louisana (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs Clara E. Walker
(b) Address 4309 Gano Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) OCT 17 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th year 1945 hour 9:50 AM minute M.

21. I hereby certify that I attended the deceased from none no treatment, 19 to 19; that I ~~last saw h~~ did not see alive on Oct 14 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to cause unknown

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Coroner was called at time of death and
Of autopsy permission given to sign certificate

Duration

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) no
(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? none (Specify type of place)
While at work? — (e) Means of injury

23. Signature W. H. Cathers (M. D. or other)
Address 906 Carleton Bldg Date signed 10-15-45

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buckholz

Licensed Embalmer No. 2110 S

P. O. Address St Louis 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.