DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No. 39898

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10921

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d). Length of stay: In hospital or institution 3 months, (Specify whether years, months or days)
In this community 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2324 Pine Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward WALKER,
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Lulu Hunter Walker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 3, (Day) 1877 (Year)
8. AGE: Years 68 | Months 2 | Days 8 | If less than one day hr. min.
9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name George Walker
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Seely Walker
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant City Infirmary Records,
(b) Address 5800 Arsenal Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15 '45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street
19. (a) DEC 15 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11, year 1945 hour 9:45 p.m. minute M.
21. I hereby certify that I attended the deceased from October 1945, 1945, to Dec. 11th, 1945; that I last saw him alive on December 11th, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Due to: Hypertensive cardio-vascular disease	5 Mo.+
Due to:	
Other conditions (Include pregnancy within 3 months of death): Organic brain disease	5 Mo+

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John E. Kelm (M. D. or other) M.D.
Address 5600 Arsenal Date signed 12/11/45

(Licensed Embalmer's Statement on Reverse Side)

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 Joel Russell

Licensed Embalmer No. 412

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.