

FILED FEB 19 1946

Registration District No. 345

Primary Registration District No. 1000

Registrar's No. 1237

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:
2324 Pine Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 2117
(If outside city or town limits, write "RURAL")
(d) Street No. 2324 Pine Street 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Walker

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

4. Sex Male 2 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb. 2, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 30 hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 4
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Issac Walker
(b) Address 2324 Pine Street

17. (a) Burial (b) Date thereof Feb. 6, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cem.

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) FEB 6 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1946 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 15 to Feb 1, 1946
that I last saw him alive on Jan 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____
Due to _____
Other conditions (includes pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following: no
(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) (2) Means of injury _____

23. Signature J. F. Predeck (M. D. or other) _____
Address 1000 Washington Date signed Feb 6 1946

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..... *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address..... *4575 Aldine*

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.