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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

3246

State File No. \_\_\_\_\_  
Registrar's No. 737

FILED FEB 3 1948  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
PEOPLES Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME OLLIE WALKER

3. (b) If veteran, name war No 3. (c) Social Security No. 327-07-1925

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

6. (b) Name of husband or wife Izzie Walker 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept. 5, 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>4</u>	<u>14</u>	hr. _____ min.

9. Birthplace Ozan - Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Molder

11. Industry or business American Steel Fdry.

MOTHER FATHER

12. Name Henry Walker

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

14. Maiden name Clarice McMullen

15. Birthplace Ozan, Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant: Izzie Walker

(b) Address 2523 Elizabeth, Alton, Ill.

17. (a) Removal (b) Date thereof 1-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Booker Wash. Cemetery

18. (a) Signature of funeral director C. S. Nash

(b) Address 3847 Page Blvd.

19. (a) JAN 22 1948 (b) J. H. H. H.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999  
(c) City or town Alton  
(If outside city or town limits, write "RURAL") NR 11  
(d) Street No. 2523 Elizabeth  
(If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19  
year 1947 hour 8 minute 20A a.m.

21. I hereby certify that I attended the deceased from 1-18 1947 to 1-19 1947  
that I last saw h. im. alive on 1-19 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Impaled appendix  
intestinal obstruction  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 1/21  
(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 C. P. H. H. (M. D. or other) \_\_\_\_\_  
Address 10 W. Broadway Date signed 1-20-48

**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.....

*Charles Downing King*, Registered Apprentice No. *475*  
working under my personal supervision.

Signed *C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address.....

**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.**