

FILED MAY 22 1947

1003

Registrar's No. 4753

Registration District No. 318

Primary Registration District No. _____

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 enroute to City Hosp 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6127 EVELINE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1947 hour _____ minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Demerol by Dr. G. J. ...
gun shot wound of head
from see articles
in his home on May 11, 1947
Due to about 8.05 a.m.

Other conditions (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) suicide
(b) Date of occurrence May 15 1947
(c) Where did injury occur? _____ (City, town) (County) (State)
(d) Did injury occur in or about home, on train, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury 5.6m

23. Signature Walter J. ... (M. D. or other) _____
Date signed 5/17/47

3. (a) PRINT FULL NAME RUSSELL G. WALKER

3. (b) If veteran, name war WAR # 2 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife NORA MORGAN 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased JUNE 4 1903 (Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 5 If less than one day hr. _____ min.

9. Birthplace VENICE ILL. (City, town, or county) (State or foreign country)

10. Usual occupation USED CAR DEALER

11. Industry or business _____

12. Name Louise Walker

13. Birthplace Ill. (State or foreign country)

14. Maiden name Leona McElwain

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

16. (a) Informant Mrs Nora Walker

(b) Address 6127 Eveline

17. (a) Burial (b) Date thereof 5-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem Jeff Bldg

18. (a) Signature of funeral director alterna J. B. ...

(b) Address 6175 Wilmar

19. (a) MAY 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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

MOTHER FATHER

JUN 10 1947

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 *Thomas D. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *6175 Helms*

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.