

FILED DEC 6 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10949

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

1. PLACE OF DEATH:

(a) County ST. Louis, Mo
(b) City or town ST. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2313 A Market ST
(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 000
(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2313 A Market
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tommie Graves Walker

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

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced, Divorced
6. (b) Name of husband or wife Fred Walker 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased November 1903
(Month) (Day) (Year)

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

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name George Graves
13. Birthplace unknown Miss (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Miss (City, town, or county) (State or foreign country)

16. (a) Informant Fred Walker
(b) Address 2207 A Franklin

17. (a) Burial (b) Date thereof 12/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dunn Funerals Home

(b) Address 212 1/2 St. Jefferson

19. (a) DEC 1 1947 (b) J. F. Bruneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25th
year 1947 hour 1 minute 45 a.m.

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 Chronic Hypertrophica Myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) PT

Major findings: Of operations _____
Of autopsy _____

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 3

23. Signature L. S. Taylor (M. D. or other) 3
Address Deputy Coroner Date signed 11/29/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.