

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 hrs** (Specify whether _____)

In this community **Life** (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME: **Charles Walker Jr.**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: **MALE** **5. Color or race:** **Col**

6. (a) Single, widowed, married, divorced: **Singl**

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: **Nov 14 1932**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
15	9	4	hr. _____ min. _____

9. Birthplace: **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation: **School**

11. Industry or business: _____

12. Name: **CHARLES WALKER**

13. Birthplace: **MISSISSIPPI**
(City, town, or county) (State or foreign country)

14. Maiden name: **MATTIE**

15. Birthplace: **MISSISSIPPI**
(City, town, or county) (State or foreign country)

16. (a) Informant: **MATTIE WALKER**

(b) Address: **2002 FRANKLIN**

17. (a) BURIAL (Burial, cremation, or removal): **WASHINGTON PARK**

(b) Date thereof: **8-23-48**
(Month) (Day) (Year)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: **F. A. GREEN**

(b) Address: **4214 DELMAR BLVD**

19. (a) AUG 21 1948 (Date received local registrar)

(b) J. T. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Louis**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **1112a N Taylor**
// (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **19** year **1948** hour **12** minute **P** M.

21. I hereby certify that I attended the deceased from: **August 19, 1948** to **August 19, 1948**
that I last saw him **11** alive on **August 19, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart, Left Ventricular Hypertrophy Idiopathic	Unk
Lungs, Congestions and Edema	Unk

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **95 C**

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: **O. J. Daniels** (M. D. or other) _____
2601 N Whittier Address Date signed **8-20-48**

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

J. C. Heenan

Licensed Embalmer No. 2963

P. O. Address 4214 DE LORAIN Blvd

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. -