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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 21 1949  
Registration District No. 317

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42850  
Registrar's No. 2950

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Robertson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Hall Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community Life (Specify whether  
years, months or days)

3: (a) PRINT FULL NAME WALKER, Thomas  
3. (b) If veteran, name war WW-1 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gladys 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased August 4th, 1893  
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 16  
If less than one day hr. min.

9. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Worter

11. Industry or business Wagoner Electric Company

MOTHER FATHER  
12. Name Willie Walker  
13. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Hardy  
15. Birthplace St. Charles Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Walker

(b) Address 6139 Minerva Avenue

17. (a) Burial (b) Date thereof 12/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) 12-22-48 (b) Thomas Walker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th,  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
DIED WITHOUT MEDICAL ATTENDANCE 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Spontaneous Cerebellum hemorrhage

Due to \_\_\_\_\_  
830  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
598  
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 Theodor W. Singer (M. D.)  
Address St. Louis Co Health Dept  
Date signed 12-23-48

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

JAN 22 1949

**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.....

*Paul V. Freeman*

, Registered Apprentice No. *276*

working under my personal supervision.

Signed *John R. Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *4107 Fenney Ave*

**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.**