

FILED SEP 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7927

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7927

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7927	
1. PLACE OF DEATH a. COUNTY Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Phillips Bldg 21				d. STREET ADDRESS (If rural, give location) 1821 1/2 BIDDLE ST			
3. NAME OF DECEASED (Type or Print) a. (First) Autry b. (Middle) WALKER c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 9 10 1949				
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 13, 1896	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MIN. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Miss 1	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME William Alexander		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Isaac Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Isaac Walker ADDRESS 1434 N. 78th ST			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) State wound of Heart inflicted with knife in the hands of one Casey Chambers Col. in the home 1821-a near Biddle ANTECEDENT CAUSES (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION around 1:30 and 2:00 P.M. Sept 10, 1949. - Hemorrhage				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in apartment home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 9-10-49 ? m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? AD					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:55 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Isaac Walker				23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 9-12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-16-1949		24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. SEP 13 1949		REGISTRAR'S SIGNATURE J.B. Lascater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Robinson & Sons, 1720 O'Fallon St			

Memo

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul V. Freeman

Licensed Embalmer No. 4686

P. O. Address 4585 Aldine

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.