

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39333

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9777**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) 1809 Baker Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital,			

3. NAME OF DECEASED (Type or Print) a. (First) TEMPIE	b. (Middle)	c. (Last) WALKER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1954
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 23, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 10 HRS. Hours	IF UNDER 10 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Winston, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Hollingsworth	13b. MOTHER'S MAIDEN NAME Harriet Gregory	14. NAME OF HUSBAND OR WIFE Thomas Walker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME M. L. Sheard	ADDRESS 2448 Bond Ave. E. St. Louis, Ill.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease		6 mos. (Hist)
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 443x
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22. I hereby certify that I attended the deceased from **9-29-1954 to 10-22-1954** that I last saw the deceased alive on **10-22-1954**, and that death occurred at **12:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. D. Fingal (Degree or title)	23b. ADDRESS 1652 Central Ave. St. Louis	23c. DATE SIGNED 10-26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/27/54	24c. NAME OF CEMETERY OR CREMATORY Local Cemetery	24d. LOCATION (City, town, or county) (State) Henderson, Tennessee
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DATE REC'D BY LOCAL REG. OCT 27 1954	REGISTRAR'S SIGNATURE J. Carl Smith, m.d.	25. FUNERAL DIRECTOR'S SIGNATURE Marion D. [Signature]	ADDRESS 2114 Mo. Ave. E. St. Louis, Ill.
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S. P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

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 Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address 721 N. 26th St

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.