

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

318

1003

STATE FILE NUMBER

36353

REGISTRAR'S NO. 8536

Registration District No. Primary Registration District No.

300
1-56

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2819 R. Sheridan		Length of stay in 1b		d. STREET ADDRESS 2819(r) Sheridan Ave. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First J.B. Middle Last Walker		4. DATE OF DEATH Month Sept. Day 11, Year 1956			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 23, 1911	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repairer		10b. KIND OF BUSINESS OR INDUSTRY Shoe Repair		11. BIRTHPLACE (City and state or country) Tuscaloosa, Ala.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Edward Walker		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes War #2		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Marcella Walker 2819 R Sheridan	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Decaying Broucho Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 491X
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ (Death occurred at _____ on the date stated above; and to the best of my knowledge, from the cause stated.)					
22a. SIGNATURE <i>Paul Smith MD</i>		22b. ADDRESS 1300 Clair		22c. DATE SIGNED 9/15/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/17/56		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) Tuscaloosa, Ala.		(State)			
24. FUNERAL DIRECTOR G. Wade Granberry		ADDRESS 1202 Finney Ave.		25. DATE RECD. BY LOCAL REG. SEP 15 1956	
26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>		m 88			

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.....
Signature of Student Embalmer

Signed *Malvin E. Green*

Licensed Embalmer No. *47*

P. O. Address *St. Paul*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.