

AMENDED
Registration District No. XC 15561117 318 Primary Registration District No. SL 4830 Registrar's No. 7280
FILED AUG 14 1961

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		Length of stay in 1b <u>8 DAYS</u>	c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VAH, ST. LOUIS, MO.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3631 COTTAGE</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>A.</u> Middle <u>W.</u> Last <u>WALKER</u>			4. DATE OF DEATH Month <u>8</u> Day <u>2</u> Year <u>61</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/23/38</u>
9. AGE (last birthday) <u>38</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>RENA LARA MISS.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>GUS WALKER</u>	
13b. MOTHER'S MAIDEN NAME <u>ROSA BLACK</u>		14. NAME OF HUSBAND OR WIFE <u>CHRISTINE WALKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give year or dates of service) <u>YES WW II</u>		17. INFORMANT <u>ST. LOUIS, MO. CHRISTINE WALKER (WIDOW) 911 MARCUS</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia with early abscess formation</u> <u>RUL</u> DUE TO (b) <u>Pulmonary edema</u> DUE TO (c) <u>Exfoliative dermatitis, extensive</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <u>7/24/61</u> to <u>8/2/61</u> and last saw him alive on <u>8/2/61</u> Death occurred at <u>4:25 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert W. Donati md</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	22c. DATE SIGNED <u>8/3/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipping</u>	23b. DATE <u>8/4/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale, Miss</u>	23d. LOCATION (City, town, or county) (State) <u>Mississippi, Clarksdale</u>
24. FUNERAL DIRECTOR <u>Ed. Boone</u> ADDRESS <u>1221 North Grand</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 4 1961</u>	26. REGISTRAR'S SIGNATURE <u>Roald Smith. M.D.</u>

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 Oliver E Crumble, Student Embalmer No. 642

working under my personal supervision.

Student Oliver E Crumble
Signature of Student Embalmer

Signed William Blackmer

Licensed Embalmer No. 3962

P. O. Address 1221 N. 9th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.