JUN 5 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20964

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. Barnes Hospital St. ..... Ward)

File No. 5165

Registered No. .....

2. FULL NAME Virgil Vern Walston

(a) Residence, No. ..... St., NP Ward. Mt Carmel Ill (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29-1898

7. AGE: YEARS 37 MONTHS 5 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Carmel Ill.

FATHER

13. NAME Chas. H. Walston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Illinois

MOTHER

15. MAIDEN NAME Elizabeth Lambert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabash County Illinois

17. INFORMANT (ADDRESS) Chas. H. Walston Mt. Carmel, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel, Ill DATE May 14, 1936

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc 429 N. Euclid Avenue

20. FILED MAY 13 1936, 19..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1936 to 5-12, 1936

I last saw him alive on 5-12, 1936 Death is said to have occurred on the date stated above, at 5 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma metastatic of brain, skull and left femur (primary site unknown)	? 6-1-34

Other contributory causes of importance: None

Name of operation Craniotomy Date of March 13, 1936

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. M. Bricker, M. D.

(Address) Barnes Hospital

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD