

FEB 17 1940

Registration District No. 201

Primary Registration District No. _____

1. PLACE OF DEATH: 1008
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos 25 days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4244 7 Easton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Leona Person 625
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 5
year 1940 hour 8:00 minute _____ P. M.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Person 6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased Sept. 3, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 11, 1939 to January 5, 1940; that I last saw her alive on January 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Empyema of Gall Bladder (B Coli)
Cholelithiasis
Duration of Ill. 8 mos

8. AGE: Years 58 Months 24 Days 21 If less than one day hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 8 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Musician

11. Industry or business _____
MOTHER FATHER { 12. Name Willis S. Walton
13. Birthplace Ark.
14. Maiden name Arizona Scott
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Alexander Walton
(b) Address 4230 Enright Ave.
17. (a) St. Peters (b) Date thereof 1-9-40
(Burial, cremation, or other) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director W. C. Gordon
(b) Address 2649 Delmar Blvd.
19. (a) JAN 9 1940 (b) _____
(Received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
28. Signature R. P. Hittier (M. D. or other)
Address 2601 N. Hittier Date signed _____

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.

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.....

Jm Claude Gordon, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Jm Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *2649 Nelmar*

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, above space should be left blank.