

S. No. 2
M-1-4-41
5-17-39
PI X26370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

980
State File No. 264
Registrar's No.

FILED FEB 24 1943
791

1003

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6969 Arthur
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community...
years, months or days)

3. (a) PRINT FULL NAME Geo. Harrison Walton
(b) If veteran, name war no
(c) Social Security No. NO

4. Sex M () 5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife Mildred Walton
(c) Age of husband or wife if alive... years
7. Birth date of deceased Aug. 12, 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>4</u>	<u>27</u>hr.min.

9. Birthplace Potosi, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER {
12. Name Jahn H. Walton
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Letha Harris
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Letha Ditch
(b) Address 6969 Arthur

17. (a) Burial (b) Date thereof 1-12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Potosi, Mo. (MOTOR)

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JAN 10 1942 (b) J. F. Bredeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 317
(If outside city or town limits, write "RURAL")
(d) Street No. 6969 Arthur 7
(If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1942 hour 10 minute 48 A. M.

21. I hereby certify that I attended the deceased from
Jan 3, 1942, to Jan 9, 1942
that I last saw him alive on Jan 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
occlusion
Duration 6 days

Due to Coronary Arterio-sclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature A. T. Quinn (M. D. or other)
Address 6917 Taylor Date signed 1-9-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

License 6917 of J. C. C.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. E. Burgess
Licensed Embalmer No. 4029
P. O. Address Maplewood

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.