

Registration District No. **318**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2213a Hickory
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 32 years
years, months or days

3. (a) PRINT FULL NAME Caroline Walton

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 28 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Mississippi 1
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 1
13. Birthplace Unknown 1
14. Maiden name Maria Curry (State or foreign country)
15. Birthplace Mississippi 1
(City, town, or county) (State or foreign country)

16. (a) Informant Rosetta Johnson
(b) Address 2213a Hickory

17. (a) Burial (b) Date thereof 10-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Avenue

19. (a) OCT 5 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 080
(c) City or town St. Louis 2213a
(If outside city or town limits, write "RURAL")
(d) Street No. 2213a Hickory
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1942 hour 6 minute 10 M.

21. I hereby certify that I attended the deceased from Nov 6. 39
19____ to Oct 2 1942 19____
that I last saw her alive on Sept 29 - 42 19____
and that death occurred on the date and hour stated above.

Immediate Cause of death Chronic Nephritis Duration 34
(parenchymatous)

Due to _____
Due to _____

Other conditions 181
(Include pregnancy within 3 months of death)
Major findings: Of operations 181
Of autopsy 181

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature Vincent J. Walker (M. D. or other)
Address 2335 Franklin Date signed 10-3-42

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..... *S. J. Watson*
Licensed Embalmer No. *268 P*
P. O. Address..... *2769 Church*

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.