S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1943

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30508

Primary Registration District No. 1003

Registrar's No. 8371

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

00
17
9

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FAITH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

999
11
0
N.R.

(a) State ILLINOIS (b) County MADISON

(c) City or town EDWARDSVILLE
(If outside city or town limits write "RURAL")

(d) Street No. —
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME THOMAS R WALTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased JANUARY (Month) 3 (Day) 1867 (Year)

8. AGE: Years 76 Months 8 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) 4 ENGLAND (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business —

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant W. C. Straube
(b) Address Edwardsville Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 18 1943 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM. EDWARDSVILLE ILL.

18. (a) Signature of funeral director W. C. Straube
(b) Address Edwardsville Ill.

19. (a) SEP 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16
year 1943 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from 11 30 am Sept 16, 1943, to Sept 16, 1943
that I last saw h alive on September 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 A. J. Signorelli (M. D. or other) OMD
Address 2800 N. Taylor Date signed 9/17/43

(Licensed Embalmer's Statement on Reverse Side)

8371

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 William J. Hiass

Licensed Embalmer No. 4319

P. O. Address St Louis Mo.

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.