

FILED JAN 4 1944

318

STANDARD CERTIFICATE OF DEATH
1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 11525

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
1023 South Compton Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community About 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
1023 South Compton Ave.
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tommie walton

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

4. Sex female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Hughie walton 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Oct 8th 1908
(Month) (Day) (Year)

8. AGE: Years 35 Months 2 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Memphis, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor of Pressin Shop

11. Industry or business _____

12. Name James King

13. Birthplace Memphis, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Helen Brady

15. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Hughie Walton

(b) Address 1023 South Compton Ave.

17. (a) Ship (b) Date thereof Dec 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Tenn.
A. L. Beal Und Co.

18. (a) Signature of funeral director _____

(b) Address 2726 _____

19. (a) _____ (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1943 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Pelvis Peritonitis, Ruptured Urinary Bladder and Fracture of Pelvis when she lost control of the automobile which she was driving causing it to overturn after crashing into a sign board on the rear of 3140 Chateau ave about 7:45 am 12-13-43

Other conditions _____ (Include temporary 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) Accident 000

(b) Date of occurrence 12-13-43

(c) Where did injury occur? St. Louis, Mo
(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) _____ (By means of injury)

23. Signature Alfred Perry (M. D. or other) _____

Address Deputy Date signed 12/24/43

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

MOTHER FATHER

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P.O. Address. 4219^c E. Harpield

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.