

FILED FEB 27 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 283

## 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:  
4500 WASHINGTON BLVD. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 Mos.  
 In this community LIFE (Specify whether  
 years, months or days)

3. (a) PRINT  
FULL NAME.GRACE WALTON

## 3. (b) If veteran,

name war NO

## 3. (c) Social Security

No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married.  
0 divorced SINGLE  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years

7. Birth date of deceased SEPT. 10 1871  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 4 0 hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS COUNTY, Mo. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation NONE

## 11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name FREDERICK BATES WALTON  
 13. Birthplace VIRGINIA 1  
 (City, town, or county) (State or foreign country)

14. Maiden name LOUISA CONWAY  
 15. Birthplace ST. LOUIS COUNTY, Mo. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Rev. J. H. Overbeck  
 (b) Address 4500 Washington Blvd.

17. (a) Burial (b) Date thereof Jan 12, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Calvin F. Gantz General Home  
 (b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 11 1944 (b) J. F. Bradeck  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 01111  
17 12  
 (c) City or town ST. LOUIS 71  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4500 WASHINGTON BLVD.  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 10<sup>TH</sup>  
 year 1944 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from Nov.  
12, 1943 to Jan 10, 1944  
 that I last saw her alive on Jan 10, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
mitral insufficiency  
 Due to 92  
 Due to Cardiac decompensation  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Duration

## PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 H. F. Bergman (M. D. or other) M.D.  
 Address 3720 Washington Date signed 1/11/44

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**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.....

*John Mlinar*

Licensed Embalmer No.....

*4186*

P. O. Address.....

*St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**