

V. S. No. 2
FORM-8-43
Rev. 5-17-39
X37823

23526

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 14 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6913

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:
4335a S. 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 975

(d) Street No. 4335a S. Compton
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
0
If yes, name country.....

3. (a) PRINT FULL NAME Emily Lucas 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, divorced Single

6. (b) Name of husband or wife.....

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

7. Birth date of deceased: April 18 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

98 3 18 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name James F. Walton

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jane Sutherland

15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Myers

(b) Address 4335a S. Compton

17. (a) Burial (b) Date thereof 8-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) Aug 7 1944 (Registrar's signature) J.F. Brodeck
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1944 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from June 30 1944
Aug 6, 1944 to Aug 6, 1944
that I last saw her alive on Aug 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 8 days

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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 Percy Herman (M. D. or other) 0
Address 23012 S Grand Date signed Aug 7 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Albert G. Woppe

Licensed Embalmer No.....

P. O. Address.....

2971

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.