

FILED DEC 29 1944

1003

Registration District No. **318**

Primary Registration District No. ....

Registrar's No. **10811**

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:  
Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community 6 days  
years, months or days

3. (a) PRINT FULL NAME MARY WALTON  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 17 years (Day) (Year)

8. AGE: Years 46 Months 1 Days 29  
If less than one day hr. min.

9. Birthplace Fargo (City, town, or county) ark! (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at Home

MOTHER FATHER  
12. Name unknown  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth - Phone  
(b) Address 3865 Windsor Pl.

17. (a) East St Louis Ill (b) Date thereof Dec 19 '44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J. L. Lushnell

(b) Address 2205 Ma. St. St Louis Ill

19. (a) DEC 19 1944 (Date received local registrar) J. F. Bredeack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3865 Windsor (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from December 10, 19 44 to December 16, 19 44  
that I last saw h. er alive on December 16, 19 44;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular disease

Due to 93rd

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration  
Unk.

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?  
While at work? (Specify type of place) (e) Means of injury 0

23. Signature Alva Moore (M. D. or other) Alva Moore  
Address 2601 N. Whittier Date signed 12/19/44

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Ben N. Baldwin

Licensed Embalmer No.

2420

P. O. Address

E. Morris St

**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.**