No. 2
1/47
17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33121

Registrar's No. 8404

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: Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether
In this community: 2 wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 010

(c) City or town: ST. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 2037 DIVISION ST. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME: Ronald Walton

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male 2

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: INFANT

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: August (Month) 17 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	12	hr. min.

9. Birthplace: ST. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation: INFANT

11. Industry or business:

FATHER
12. Name: Samuel Collins
13. Birthplace: Clarksdale (City, town or county) Miss. (State or foreign country)

MOTHER
14. Maiden name: Ida Mae Walton
15. Birthplace: ST. Louis, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Ida Mae Walton
(b) Address: 2037 DIVISION ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cem.

18. (a) Signature of funeral director: Ellis Funeral Home
(b) Address: 2829 Stoddard ST.

19. (a) SEP 4 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month August day 29 year 1947 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....:
that I last saw him alive on ....., 19.....:
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio Pneumonia	
Due to:	
Due to: 109	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 3

23. Signature: Patrick E. Taylor Dep Cor (Coroner or other)
Address: 1300 Clark Date signed: 3-49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 13 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, fact should be so stated above.