

FILED MAY 7 1948 318
Registration District No. _____

Primary Registration District No. 1003

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

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community 3 months
years, months or days)

3. (a) PRINT FULL NAME

Victoria Walton

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex F 3

5. Color or race Gal

6. (a) Single, widowed, married, divorced S. D

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. 19 1948
(Month) (Day) (Year)

8. AGE:

Years 3 Months 1 Days _____

If less than one day
hr. _____ min. _____

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

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER { 12. Name Anderson William Walter

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

14. Maiden name Essie Mae Newsome

15. Birthplace Jefferson County, Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Essie Newsome

(b) Address 4255 W. Maffitt

17. (c) Burial (b) Date thereof 4-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. J. Bell

(b) Address 4303 J. F. Bell

19. (a) APR 22 1948 (b) J. F. Break
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4255 W Maffitt 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1948 hour 6 minute 30 S. M.

21. I hereby certify that I attended the deceased from
Mar. 19, 1948, to April 20, 1948

that I last saw her alive on April 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia;
Mesenteric Lymphadenopathy

Duration
Undet.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy Yes

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 _____

23. Signature Larrington Newsome (M. D. of other) _____
Address 2601 N Whittier Date signed 4/21/48

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 Vera Thompson Hillman

Licensed Embalmer No. 4435

P. O. Address 2618 Bellvue

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.