

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18749

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1388**

1. PLACE OF DEATH a. COUNTY: 3897a Windsor Pl.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Mo b. COUNTY: Windsor Pl.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Louis, Mo. 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3897 Windsor Pl		d. STREET ADDRESS (If rural, give location): 3897 Windsor Pl	

3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) Walton c. (Last) Walton			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1950				
5. SEX: Female	6. COLOR OR RACE: Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec 20 1895	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR: 4 Months	IF UNDER 24 HRS. 14 Hours	IF UNDER 2 HRS. 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: None		11. BIRTHPLACE (State or foreign country): Nashville, Tenn.		12. CITIZEN OF WHAT COUNTRY?: U. S. A.	

13a. FATHER'S NAME: Banks		13b. MOTHER'S MAIDEN NAME: Unknown		14. NAME OF HUSBAND OR WIFE: Norfleet Walton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No		16. SOCIAL SECURITY NO.: None		17. INFORMANT'S SIGNATURE OR NAME: Norfleet Walton		ADDRESS: _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 6mth	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Hypertension rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				2yo	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X			

22. I hereby certify that I attended the deceased from **Jan 1, 1950**, to **May 16, 1950**, that I last saw the deceased alive on **May 11, 1950**, and that death occurred at **12:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE: Walter A. Young MD (Degree or title)		23b. ADDRESS: 2337 Maple		23c. DATE SIGNED: 5/16/50			
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial		24b. DATE: May 19 1950		24c. NAME OF CEMETERY OR CREMATORY: Washington Park		24d. LOCATION (City, town, or county) (State): St. Louis, Mo.	
DATE REC'D BY LOCAL REG.: MAY 16 1950		REGISTRAR'S SIGNATURE: J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS): C. J. Nash 3847 Page			

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

C. J. Nash

Licensed Embalmer No. *3438*

P. O. Address *384 Hage*

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.