

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG'D DEC 9 1939

Registration District No. 184

Primary Registration District No. 101

Registrar's No. 1939

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 21 da.
(Specify whether
 In this community 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Valley Park
(If outside city or town limits, write "RURAL")
 (d) Street No. River Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Edward Walden 435
 8. (b) If veteran, name war _____ 8. (c) Social Security No. NONE

4. Sex male 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 Oct. 21 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>0</u>	<u>12</u>	_____ hr. _____ min.

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

10. Usual occupation nil.

11. Industry or business _____

MOTHER FATHER {
 12. Name James Walden
 13. Birthplace CRAWFORDVILLE Ind.
(City, town, or county) (State or foreign country)
 14. Maiden name Martha McCamish
 15. Birthplace ARMORSBURG Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature ALICE HOLLAND

(b) Address EAST ST. LOUIS, ILL.

17. (a) BURIAL (b) Date thereof 11 4 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director ALBERT H. HOPPER

(b) Address 4700 WASHINGTON

19. (a) NOV 4 1939 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 2
 year 1939 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9/12/39
 , 19____, to 11/2/39, 19____;
 that I last saw him alive on 11/2/39
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 10:31 to 11-2-39
Aspirin, intentional overdose
 Due to Aspirin overdose (2) _____
 Due to _____ _____

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: 1146
 Of operations _____
 Of autopsy Peri Bladder cancer - Stage 2
7 lymph

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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? _____

23. Signature George M. Lonsdale (M. D. or other) _____
 Address County Wash Date signed 11-3-39
(Specify type of place) (e) Means of injury

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.