

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

30692

State File No.

Registrar's No.

7969

Registration District No.

Primary Registration District No.

791 PCT 25 1940

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: Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos 29 days  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Baby Ida Lee Walton

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Baby

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased June 24<sup>th</sup> - 40  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 2 9 hr. min.

9. Birthplace St. Louis, Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation none 1

11. Industry or business 1

12. Name Coro Walton 1

13. Birthplace St Charles Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Iva Resino

15. Birthplace Holly Springs Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Coro Walton

(b) Address 2606 Wash St

17. (a) Burial (b) Date thereof 9 25 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) SEP 25 1940 (b) J. B. [Signature]  
(Date received at office) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2606 Wash St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23  
year 1940 hour 5:45 minute A M.

21. I hereby certify that I attended the deceased from June 24, 1940, to Sept 23, 1940;  
that I last saw her alive on Sept 23, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Staphylococci  
Abscesses of Scalp & Neck 3 wks  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Premature Newborn  
(Includes pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
(s) Means of injury 1

23. Signature J. E. Pearce (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed \_\_\_\_\_

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

MOTHER - FATHER

**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 E. Bo  
....., Registered Apprentice No. myself  
working under my personal supervision.

Signed

Leonard Boykin

Licensed Embalmer No.

2946

P. O. Address

St. Louis 4

**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.**