

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37339  
State File No. 9612  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

FILED DEC 11 1940

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis //  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4559 Cote Brilliant  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Bernice Walton  
(b) If veteran, name war.....  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 20  
year 1940 hour 1.00 P.M. minute..... M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Monroe B. Walton 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased May 20, 1881  
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day  
59 6 0 hr. min.

Immediate cause of death.....  
Cerebral Apoplexy  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
Major findings: Of operations.....  
Of autopsy.....

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Warren Frazee  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mathilda Smith  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Monroe Walton

(b) Address 4559 Cote Brilliant

17. (a) Burial (b) Date thereof 11/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Edith E. Amoruster

(b) Address 4234 Manchester

19. (a) NOV 22 1940 (b) J. F. Bredet  
(Date of medical registration) (Registrar's signature)

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) (c) Cause of injury  
23. Signature Alfred Terry (M. D. or other) S  
Address ..... Date signed 11/22/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Sharon Eymck*

Licensed Embalmer No. *1284*

P. O. Address.....

*St Louis 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.**