

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4986

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:
1459a N. Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 45 Years.
years, months or days)

3. (a) PRINT FULL NAME Bertha Walton.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Late James Walton. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 4 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 12 hr. min.

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

10. Usual occupation Housework.

11. Industry or business _____

12. Name William Plate.

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Edward L. Andres.

(b) Address 1459a N. Market St.

17. (a) Burial (b) Date thereof 6-10-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co

(b) Address 2223 St. Louis Ave.

19. (a) JUN 17 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 100
(c) City or town St. Louis. 126
(If outside city or town limits, write "RURAL")
(d) Street No. 1459a N. Market St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1941 hour 7 minute 15A M.

21. I hereby certify that I attended the deceased from May 15
_____, 1941 to June 10, 1941;
that I last saw her alive on June 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations [Signature]
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) suicide

(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) (h) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 1802 [Signature] Date signed 6/16/41

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

50
17
9

1873 1/2 Case 3-5
in Virginia

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 *John P. Buckholz*

Licensed Embalmer No. *1678*

P. O. Address *7223 S. Main*

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.