

FILED MAR 10 1942

Registration District No.

Primary Registration District No. 200

Registrar's No.

464

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Bural Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Walton Rd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Bural Overland
(If outside city or town limits, write "RURAL")
(d) Street No. Walton Rd (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 26
year 1942 hour 4 minute 40 PM
21. I hereby certify that I attended the deceased from Feb 24 1942 to Feb 26 1942
that I last saw him alive on Feb 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: General Carcinomatosis 2 yrs
Duration _____

Due to _____
Due to 552
Other conditions: _____
(Include 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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Arnold H Warger (M. D. or other) MD
Address 8900 St. Charles Date signed 2/27/42

3. (a) PRINT FULL NAME GILBERT MORTON COMPTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Bedell Compton 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased August 7 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name John T. Compton
13. Birthplace Ind. (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: Basil Compton
(b) Address: Overland Mo
17. (a) Bural (b) Date thereof 3/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Am.

18. (a) Signature of funeral director Baumman Bros
(b) Address 2504 Woodson Rd Overland Mo
19. (a) FEB 28 1942 (Date received local registrar) (b) C. H. McCarroll (Registrar's signature)

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

660

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.....

Oscar F. Mueller

Licensed Embalmer No.

3039

P. O. Address.....

Overland 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.