

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 25 1943 18

1003

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

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: MISSOURI BAPTIST Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days) 12 HRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... 000  
(c) City or town..... ST. LOUIS (If outside city or town limits, write "RURAL") 176  
(d) Street No. 5208 EASTON (If rural, give location) 96  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Cherric Walton

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

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

6. (b) Name of husband or wife NIL 6. (c) Age of husband or wife if alive NIL years

7. Birth date of deceased March 18 1943  
(Month) (Day) (Year)

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

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business NIL

12. Name Dr. Paul Walton

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

14. Maiden name Edna Schaller

15. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant DR. PAUL SCHALLER

(b) Address 5802 EASTON

17. (a) BURIAL (b) Date thereof 3 18 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cem.

18. (a) Signature of funeral director Wiedmeyer & Co.  
(b) Address 3934 N. 20TH

19. (a) MAR 18 1943 (Date received local registration)  
J. J. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 18, year 1943, hour 1, minute 40 AM

21. I hereby certify that I attended the deceased from March 17, 1943, to March 18, 1943

that I last saw her alive on March 17, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity  
Intrauterine injury?

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
—  
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) (e) Means of injury.....

23. Signature W. H. Feller (M. D. or other) MD  
Address 2807 N. Grand Date signed 3-18-43

**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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Alfred G. Boudreau*

Licensed Embalmer No.....

*2663*

P. O. Address.....

*5934 Alpha*

**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.**