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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27164  
Registrar's No. 7888

FILED SEP 11 1943 18

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Days  
In this community 69 years (Specify whether years, months or days)

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")  
(d) Street No. 1231 Olive St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Henry Walton

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

4. Sex male 5. Color of white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frances Walton 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 18 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Attorney

11. Industry or business \_\_\_\_\_

12. Name Charles C. Walton  
13. Birthplace St. Louis, County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah A. McCausland  
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis, County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. France Walton  
(b) Address 1231 Olive St.

17. (a) Burial (b) Date thereof 9-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) SEP 2 1943 (b) J.F. Bredeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1,  
year 1943 hour 8:40 minute A. M.

21. I hereby certify that I attended the deceased from August 26, 1943 to September 1, 1943  
that I last saw him alive on September 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to arteriosclerosis, aortic non-syphilitic  
Due to organic psychosis

Other conditions (include pregnancy within 3 months of death) 96

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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 William J. Baird (M. D. or other)  
Address 1515 Lafayette Avenue Date signed 9/1/43

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

MOTHER FATHER

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

**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. Buchholz* .....  
Licensed Embalmer No..... *1674* .....  
P. O. Address..... *2223 E. Main St* .....

**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.**