

FILED OCT 19 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
Desloge 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)

3. (a) PRINT FULL NAME Anna Hellings 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 Married

6. (b) Name of husband or wife Clark 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased October 21-1877-1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 11 12 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John William Hall

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Gastori

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

16. (a) Informant Gladys Kipping

(b) Address 1204 Bellevue Ave.

17. (a) Burial (b) Date thereof 10/6/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Stuart

(b) Address 1225 Union Blvd.

19. (a) OCT 5 1943 (Date received local registration) J. J. Busch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 8908 Natural Bridge (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10- day 3
year 43 hour 1: minute 25 P.M.

21. I hereby certify that I attended the deceased from 9-10-
19.43 to 10-3- 19.43
that I last saw her alive on 10-3-43
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive - C.V. disease
Other conditions 131
(Includes pregnancy within 3 months of death)

Major findings: 131
Of operations _____
Of autopsy _____

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? _____

23. Signature W. B. Brown (M. D. or other) MD
Address 1325 S. Grand Blvd. Date signed 10/4/43

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

MOTHER FATHER

Duration 5 days
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.....

Bernard A. J. Stuart
.....
Licensed Embalmer No. *3500*

P. O. Address.....

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.