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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1945

State File No. 22710

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5977

**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: 2004 a Cherokee /
(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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 0 00

(c) City or town St.Louis 17 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2004 a Cherokee st. 9
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Percy Llewllyn Walton

3. (b) If veteran, name war World War #1 Spanish-American

3. (c) Social Security No. 494-24-0695

4. Sex O Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Etta May Walton

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December (Month) 5 (Day) 1877 (Year)

8. AGE: Years 67 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Wilmington (City, town, or county) Delaware / (State or foreign country)

10. Usual occupation Lathe Operator

11. Industry or business Curtis-Wright Co.

FATHER
12. Name Joseph Walton
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Charlotte Murphy
15. Birthplace (City, town, or county) Irlea nd 4 (State or foreign country)

16. (a) Informant Etta May Walton
(b) Address 2004 a Cherokee st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11,45 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co.
(b) Address 7814 S.Broadway St.Louis,Mo.

19. (a) JUL 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 8 year 1945 hour 10 minute 30 a.M.

21. I hereby certify that I attended the deceased from May 29, 1945, to July 7, 1945 that I last saw him alive on July 7, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocarditis from Cher | 5/29/45 |
| Due to Nephritis from Cher | 5/29/45 |
| Due to | |
| Other conditions — (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | |
| Of autopsy — | |

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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 John C Cordell M.D. (M. D. or other) Md
Address 15005 a Gravois Date signed 7/9/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Cornell
5805 Gibson

**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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

**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.**