S. No. 2
M—5-43
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I X36671

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

35696

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35696

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9368

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: 4745 Washington Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12/17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4745 Washington Blvd. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) d
If yes, name country

3. (a) PRINT FULL NAME George Washington Walton

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

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 Birdie Walton

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 1 (Day) 1889 (Year)

8. AGE: Years 57 Months 7 Days 30 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name W. Walton
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Birdie Walton
(b) Address 4745 Washington Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 1 1946 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1946 hour 9 minute M.

21. I hereby certify that I attended the deceased from Jan - 15 1931, to July 10 1946 that I last saw him alive on July 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic — Duration 12 years

Due to

Due to

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 H H Shackelford (M. D. or Coroner)
Address 3903 Olive Date signed 11/1/46

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer R. Cadwell

Licensed Embalmer No. 4077

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.