

No. 2
-1/47
5-17-39

FILED NOV 7 1947
Registration District No. **318**

Primary Registration District No. **1003**

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) ~~St. Louis~~ **St. Louis # 1. 3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community, **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3863 W. Pine Blvd.** **9**
(If rural, give location) **0**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Walter P. Elton**
3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**
6. (b) Name of husband or wife **Anis Elton** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **May 10th., 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	5	13hr.min

9. Birthplace **Mississippi** **1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Officer**

11. Industry or business **Auto Club**

12. Name **Unknown**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Margaret Meany**

(b) Address **4972 Berthold Ave.**

17. (a) **Cremation** (b) Date thereof **10-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory**

18. (a) Signature of funeral director **Richard J. Kennedy**

(b) Address **3840 Linden Blvd.**

19. (a) **OCT 24 1947** (b) **J. E. Proctor**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23rd.** year **1947** hour **6** minute **40** p. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of skull**
2 subdural hemorrhages within
when struck by a auto
driven by Fred Dean Johnson
about 25 feet west of sidewalk
due to **fractured skull** **6.30 P.M.**
Oct 23 1947

Other conditions (include pregnancy within 3 months of death) **0**

Major findings: **170 gms**
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) **President**

(b) Date of occurrence **Oct 23 1947**

(c) Where did injury occur? **Public Place**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in jail, or in public place? **Public Place**

(e) Means of injury **Car**
(Specify type of place) (e) Means of injury

23. Signa **Patrick E. Taylor** **Exp Car 3**
(Date received local registration) (Date signed)

Address **1300 Clark** Date signed **10-24-47**

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

MOTHER FATHER

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.