

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42851

FILED JAN 24 1949

State File No. _____

Registration District No. 317

Primary Registration District No. 6086

Registrar's No. 2926

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 19 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Granite City (If outside city or town limits, write "RURAL")
(d) Street No. 1251a Niedringhau Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME GLENN D. WALTON
(b) If veteran, name war World War II (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 18 year 1948 hour 3:30 minute _____ P. _____ M. _____
21. I hereby certify that I attended the deceased from December 16, 1948, to December 18, 1948, that I last saw him alive on December 18, 1948, and that death occurred on the date and hour stated above.

4. Sex Male race White
5. Color or _____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virginia M. Walton 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased April 26 1920 (Month) (Day) (Year)

Immediate cause of death Ruptured Intracranial Aneurysm Duration Unknown

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>7</u>	<u>22</u>	hr. _____ min. _____

Due to _____
Due to _____
Other conditions None (Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace Vernon Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Electrician
11. Industry or business _____
12. Name Glenn D. Walton
13. Birthplace Vernon Illinois (City, town, or county) (State or foreign country)
14. Maiden name Caryl Epps
15. Birthplace Vernon Illinois (City, town, or county) (State or foreign country)

Major findings: Ligation Common Carotid 12/18/48
Of operations _____
Of autopsy No autopsy

16. (a) Informant Registrar, Vet. Adm. Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Granite City (b) Date thereof Dec 18/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Vernon Ill.
18. (a) Signature of funeral director Frank Mercer
(b) Address Granite City Ill.
19. (a) 12-21-48 (Date received local registrar) (b) Thirion (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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) (c) Means of injury _____
23. Signature E. Stilwell, M.D. (M. D. of _____)
Address Vet. Adm. Hosp., Jeff. Bks., MO. Date signed 12/20/48

MAR 23 1949

MAR 2

JAN 24 1949

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 Charles E. Mercer

Licensed Embalmer No. 2988

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.