

9600

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 2 1949

State File No. 11101

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 676 Registrar's No. 500

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. LENGTH OF STAY (in this place) 16 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Adm. Hospital			d. STREET ADDRESS (If rural, give location) 1244 West Easton		

3. NAME OF DECEASED (Type or Print) a. (First) ALEXANDER b. (Middle) A. c. (Last) WALTON			4. DATE OF DEATH (Month) (Day) (Year) February 27, 1949		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 28, 1891		9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Willis S. Walton		13b. MOTHER'S MAIDEN NAME Eleanor Scott		14. NAME OF HUSBAND OR WIFE none	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Registrar Veterans Adm. Hosp., Jefferson Brks., Mo.		ADDRESS	
--	--	--	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE			DUPLICATE OF (a) 4200			Unknown
* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) 732			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC PASSIVE CONGESTION						Unknown

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------------------	----------------------------------	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
--	--	----------------------------	--

22. I hereby certify that I attended the deceased from **Feb. 11, 1949**, to **Feb. 27, 1949**, that I last saw the deceased alive on **Feb. 27, 1949** and that death occurred at **7:20 pm.**, from the causes and on the date stated above.

23a. SIGNATURE L. E. Stilwell (Degree or title) MD		23b. ADDRESS VAH, Jefferson Barracks, Mo.	23c. DATE SIGNED 2/28/49
--	--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/4/49	24c. NAME OF CEMETERY OR CREMATORY SAINT PETER	24d. LOCATION (City, town, or county) (State) ST. Louis Co. Missouri	
---	-------------------------	---	---	--

DATE REC'D BY LOCAL REG. 3-1-49	REGISTRAR'S SIGNATURE Thurmond L. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gates Funeral Home 1107 Finney St. Louis, Mo.	
--	--	---	--

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

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.....

Paul V. Freeman

Student Embalmer No. *276*

working under my personal supervision.

Student *Paul V. Freeman*

Student Embalmer

Signed *John R. Cunningham*

Licensed Embalmer No. *4456*

P. O. Address *4107 Finney*

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.