

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED JUL 5 1950

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5590**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 213⁹	
c. LENGTH OF STAY (in this place) 6-16-50		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CITY INFIRMARY HOSPITAL	
d. STREET ADDRESS (If rural, give location) 5600 ARSENAL AVE.			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) T.	c. (Last) WALTON	4. DATE OF DEATH (Month) (Day) (Year) June 26 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Feb. 14, 1886	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.) 64
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER HANGER (RET)	10b. KIND OF BUSINESS OR INDUSTRY HOUSE DECORATING	11. BIRTHPLACE (State or foreign country) TUPLD MISS.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES T. WALTON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MAUDE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 341-07-9695	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROSALIE WILKINS 3807 COLONIAL
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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 70 days 6 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Primary Lateral Sclerosis of spinal cord DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 35 ft. 1
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22. I hereby certify that I attended the deceased from ~~6-22-50~~ **6-25-50** 19**50**, to **6-26-50**, 19**50**, that I last saw the deceased alive on **6/26/**, 19**50**, and that death occurred at **2:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles F. Krag MD	23b. ADDRESS 5600 Arsenal St. Louis	23c. DATE SIGNED 27 June 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-27-50	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
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DATE REC'D BY LOCAL REG. JUN 27 1950	REGISTRAR'S SIGNATURE J. B. Sasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullen Kelly 4386 LINDELL BLVD.
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WRITE PLAINLY—USING UNFADEING 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.....

Not Embalmed.

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Larimer*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.