

STANDARD CERTIFICATE OF DEATH

6846

FILED MAR 5 1952

State File No. _____

BIRTH NO. _____

REG. DIST. NO. _____

318

PRIMARY REG. DIST. NO. _____

1003

Registrar's No. _____

1571

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp		d. STREET ADDRESS (If rural, give location) 2736 Walnut Street	
3. NAME OF DECEASED (Type or Print) a. (First) Zack b. (Middle) c. (Last) Walton, Jr		4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1952	
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 11, 1901
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Foreman	11. BIRTHPLACE (State or foreign country) Baton Rouge, Louisiana
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Foreman		10b. KIND OF BUSINESS OR INDUSTRY Construction	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Zack Walton, Sr		13b. MOTHER'S MAIDEN NAME Evelyn (Unk)	14. NAME OF HUSBAND OR WIFE
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. Unk	17. INFORMANT'S SIGNATURE OR NAME Milton Walton, 2618 Bellglade
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, asphyxia, 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) Cerebral of brain; Pulmonary congestion. Fe of right femur, dislocated when struck by coffee jar being lowered with crane upon which the gears broke causing the coffee jar to fall while working on bridge. 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 #69 Jefferson St. Mo. about 1030 am Feb 13 1952	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bridge	
21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Feb 19 52 10 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E 9126-6			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:55 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Milton Walton		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 2/19/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/20/52	
24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. FEB 19 1952		REGISTRAR'S SIGNATURE Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green		ADDRESS 3517 Laclede Avenue	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Melvin E. Green

Signed.....

Student Embalmer

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, Mo*

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.