

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 24 1952

BIRTH NO. ....		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11277</u>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2129		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>12 4527 a Newberry Tr.</u>				
3. NAME OF DECEASED (Type or Print) <u>John</u>			a. (First)		b. (Middle)		c. (Last) <u>Walton</u>	
4. DATE OF DEATH <u>Dec. 4 1952</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 29, 1897</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					
13a. FATHER'S NAME <u>Henry Walton</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Bryant</u>			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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>A. F. Walters 2107 6th</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Thyroid with Metastasis to</u> ANTECEDENT CAUSES <u>Pleura, Lungs and Liver</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Undetermined</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>194x</u>				
22. I hereby certify that I attended the deceased from <u>11-5</u> , 19 <u>52</u> , to <u>12-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-4</u> , 19 <u>52</u> , and that death occurred at <u>1:10 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Carl Bell</u>			23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>12-6-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shenwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo</u>		
DATE REC'D BY LOCAL REG. <u>DEC 8 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Walters</u>		ADDRESS		

C.P. (Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Arthur L. Heilich*

Licensed Embalmer No. *4221*

P. O. Address *4534 Aldine*

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.