

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20105

| | | | | | | | |
|---|--|---|------------------|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 531 | | Registrar's No. 1503 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY St. Louis, | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN U. CITY | | a. STATE Missouri | | b. COUNTY St. Louis, | |
| c. LENGTH OF STAY (In this place) 3 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN U. CITY | | 4376 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 250 North Forsyth Blvd. | | | | d. STREET ADDRESS (If rural, give location) 250 North Forsyth Blvd. | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) JOSIAH | | b. (Middle) H | | c. (Last) WALTON. | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH May 18, 1874 | | 9. AGE (In years last birthday) 79 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician, M.D. | |
| 11. BIRTHPLACE (State or foreign country) Warrenton, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Henry Walton. | | 13b. MOTHER'S MAIDEN NAME Elvira McMann. | |
| 14. NAME OF HUSBAND OR WIFE Geraldine G. Walton. | | 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. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Geraldine G. Walton. Clayton, Mo. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma + metastases | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) acute myocardial infarction | | | | | |
| | | DUE TO (c) Hypocholera Pneumonia | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Oct 1951 to May 30, 1953, that I last saw the deceased alive on May 31, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. H. Hale M.D. | | | | 23b. ADDRESS 4903 Delmar | | 23c. DATE SIGNED May 30, 53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6-2-1953 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | |
| DATE REC'D BY LOCAL REG. 5-31-53 | | REGISTRAR'S SIGNATURE Herbert R. Domka M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons: 7233 Delmar Blvd. | | | |

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

Clarence A. Murray

Licensed Embalmer No. *4911*

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.