

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3218**
 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1083**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____	
c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		STREET ADDRESS (If rural, give location) 22 1615 Lovejoy Lane	
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) _____	
c. (Last) Walton		4. DATE OF DEATH (Month) (Day) (Year) 2 1 55	
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1905
9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WRS. Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Natchez, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William H. Hill		13b. MOTHER'S MAIDEN NAME Mary Schiele	
14. NAME OF HUSBAND OR WIFE Corn 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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Corn Walton	
ADDRESS 1616 Lovejoy Lane		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 11-18-54	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid Carcinoma of Cervix with Metastasis		INTERVAL BETWEEN ONSET AND DEATH Undt.	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 11-18-54		DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Probable Erosion of Large Vessel with Subsequent Massive Hemorrhage	
19a. DATE OF OPERATION 11-18-54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cervix	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 171X		22. I hereby certify that I attended the deceased from 9-10 , 1954 , to 2-1 , 1955 , that I last saw the deceased alive on 2-1 , 1955 , and that death occurred at 9:40A m., from the causes and on the date stated above.	
23a. SIGNATURE Frank O. Richards		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 2-2-55		23d. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
23e. LOCATION (City, town, or county) (State) St. Louis County, Mo.		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. FEB 5 1955	
REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE English Undertaking Co.	
ADDRESS 1123 N. Taylor		ADDRESS 1123 N. Taylor	

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Wallace R. Williams*

Licensed Embalmer No. *492*
4554 Lexington
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.