

FILED JAN 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 42740

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10907

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | a. STATE Missouri | |
| c. LENGTH OF STAY (in this place) | | b. COUNTY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | c. CITY OR TOWN St. Louis | |
| | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | STREET ADDRESS (If rural, give location) 3910 Page 21170 | |

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|-------------------------------------|-------------------|-------------|------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) George | b. (Middle) | c. (Last) Walton | 4. DATE OF DEATH (Month) (Day) (Year) 12 9 55 |
|-------------------------------------|-------------------|-------------|------------------|---|

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|-------------|------------------------|--|-----------------------------------|------------------------------------|------------------------|---------------------------------|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH February 8, 1889 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months | IF UNDER 1 HRS. Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY Self Employed | 11. BIRTHPLACE (City and State or Foreign Country) Aberdeen, Mississippi | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Frank Clopton | 13b. MOTHER'S MAIDEN NAME Lizzie Walton | 14. NAME OF HUSBAND OR WIFE Harriette Walton |
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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 None | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harriette Walton 3910 Page Ave. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Undt. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Caecum | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) | |
| | | DUE TO (c) | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 11-9, 1955, to 12-9, 1955, that I last saw the deceased alive on 12-9, 1955, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Frank O. Richards (Degree or title) M.D. | 23b. ADDRESS 2601 N. Whittier | 23c. DATE SIGNED 12-12-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12/15/55 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| DATE REC'D BY LOCAL REG. DEC 13 1955 | REGISTRAR'S SIGNATURE J. Charles Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. Roberts 1416 N. Taylor Ave. |
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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.....
Signature of Student Embalmer

Signed *James O. Carter*

Licensed Embalmer No. *46*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.