

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10069**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Little Sisters of Poor</b>		d. STREET ADDRESS <b>3400 S. Grand Ave</b>	

3. NAME OF DECEASED (Type or print) <b>Clark H. Walton</b>			4. DATE OF DEATH <b>Oct. 25 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 11, 1874</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>14</b> Hours <b>14</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bartender</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Montgomery, Missouri</b>	
13. FATHER'S NAME <b>Fred Walton</b>			14. MOTHER'S MAIDEN NAME <b>Sarah Yore</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-10-2202</b>		17. INFORMANT <b>Gladys Kipping, 412 Lone Oak -Rock Hill</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Yes</b> <b>Yes</b>
DUPLICATE (b) <b>Gen. Arteriosclerosis</b>		
DUPLICATE (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>420-0</b>	
20c. TIME OF INJURY Hour <b>2:30</b> Month <b>10</b> Day <b>25</b> Year <b>1957</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>St. Louis, Mo</b>	
20e. CITY, TOWN, OR LOCATION <b>St. Louis, Mo</b>	COUNTY	STATE

21. I attended the deceased from <b>Jan 1957</b> to <b>10/25/57</b> and last saw <b>him</b> alive on <b>10/25/57</b> Death occurred at <b>2:30 P. M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>R. Kezera</b> (Degree or title)	22b. ADDRESS <b>8059 Watson Rd.</b>
22c. DATE SIGNED <b>10/26/57</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/28/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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24. FUNERAL DIRECTOR <b>John H. Gebken Sons</b> 2630 Gravois Ave	25. DATE RECD. BY LOCAL REG. <b>OCT 28 '57</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b> M. J. B.
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

V. S. 300 Rev. 1-56

Print name

Address

City

State

County

Sex

Age

Color

Height

Weight

Build

Hair

Eyes

Complexion

Other

Signature

Date

Time

Place

Signature

Date

Place

STATEMENT BY LICENSED EMBALMER

STATEMENT BY LICENSED EMBALMER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed *Robert J. Gibben*

Licensed Embalmer No. 4144

P. O. Address... 2630 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

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.