

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 12 1960

318

Registration District No. Primary Registration District No. 1003

Registrar's No. 7652

-60-028909

STATE FILE NUMBER

INDEXED

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 ST. LOUIS, MO.				Length of stay in 1b		c. CITY OR TOWN Saint Louis			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. # 1.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3410 Bell Avenue			
3. NAME OF DECEASED (Type or print) First LOUISE Middle WALTON Last WALTON				4. DATE OF DEATH Month JULY Day 31 Year 1960					
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/27/91			
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.					
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 country) Memphis, Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Josh Watkins			13b. MOTHER'S MAIDEN NAME Cordelia Washington			14. NAME OF HUSBAND OR WIFE John 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 John Walton			Address 3410 Bell Avenue	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Staphylococcal							INTERVAL BETWEEN ONSET AND DEATH 1 week		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 491X									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, Bed Sores						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 7 - 27 - 60 to 7 - 31 - 60 and last saw her/him alive on 7 - 31 - 60 Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. Yates Trotter Jr MD (Degree or title)					22b. ADDRESS 1515 LAFAYETTE AVE.			22c. DATE SIGNED 7-31-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/5/60		23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney			25. DATE RECD. BY LOCAL REG. AUG 3 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

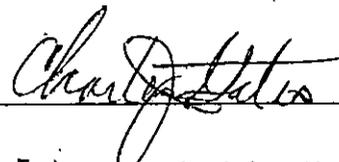
m.s.B. ✓

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 1825

P. O. Address 4107 Finney

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.