

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13095  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township St. Louis Primary Registration District No. 1008 Registered No. 3437  
(c) City St. Louis (d) Street No. 5361 PERSHING St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 5361 PERSHING St. 12  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EDWARD E WALL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 31, 1862

7. AGE YEARS 77 MONTHS - DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO13. NAME FRANCIS W. TOWNE14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND15. MAIDEN NAME MARY VIEROY16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO17. INFORMANT (ADDRESS) EDWARD E WALL  
5361 PERSHING AVE18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA DATE APRIL 14, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) L.M. MULLEN  
5165 DELMAR BLVD20. FILED APR 14, 1939  
J.B. Brulak Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 12, 193922. I HEREBY CERTIFY, That I attended deceased from MAR 21, 1939, to April 12, 1939I last saw h. & o. alive on April 11, 1939. Death is said to have occurred on the date stated above, at 6:45 Am.

The principal cause of death and related causes of importance were as follows:

ArteriosclerosisOther contributory causes of importance: Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis: As mentioned Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?  Date of injury  1939Where did injury occur?  (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J.B. Brulak \_\_\_\_\_, M. D.(Address) 4607 Eastern Ave

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed

*John Ketter*

Licensed Embalmer No. 3880

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 this body is not embalmed, above space should be left blank.**