

REC'D JUN 8 1939

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

19779
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 114 Registered No. 866
(c) City Rich Hgts. (d) Street No. ST. MARY'S HOSPITAL (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

ANNIE MARIAM WALL
(a) Residence, No. 7710 BROOKLINE TERRACE St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF BERRY WALL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 6-1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 1 4

OCCUPATION 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKYFATHER 13. NAME WILLIAM SMITH14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKYMOTHER 15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY17. INFORMANT (ADDRESS) Lloyd Wall
7710 BROOKLINE TERRACE18. BURIAL, CREMATION, OR REMOVAL PLACE MORGAN FIELD, KEN. DATE MAY 12-193919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. MULLEN UND CO
516 S DELMAR BLVD20. FILED 5-11 1939 DR. Myrtle Spahr Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10/39, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3/1/39, 1939 to 5/10/39, 1939
I last saw him alive on 5/10/39, 1939. Death is said to have occurred on the date stated above, at 2 P.
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset 5/8/39
95 lb
Other contributory causes of importance:
Arterio sclerosis
arterio sclerotic heart dis. 6 mo

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 19____
Where 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) W. Spahr, M. D.

(Address) Humboldt Mo

Dr. Falk
3604 Wash

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 Howard F. Rowland

Licensed Embalmer No. 3114

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.