

17086

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

9019

2502

Registration District No. _____

791

Primary Registration District No. _____

1003

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether _____)
 In this community 6 years
 years, months or days)

3. (a) PRINT FULL NAME James E. Wall

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased September 20, 1953
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
6 5 25 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Nil

11. Industry or business _____

12. Name Charles E. Wall13. Birthplace Madison Illinois
(City, town, or county) (State or foreign country)14. Maiden name Theima Lowery
(City, town, or county) (State or foreign country)
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Charles E. Wall(b) Address 2609 Slattery17. (a) Burial (b) Date thereof 3/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope E. St. Louis(a) Signature of funeral director Wacker-Helders III.(b) Address 2331 S. Broadway19. (a) MAR 15 1940 (b) J. B. Brackbill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2609 Slattery
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14,
year 1940 hour 4:05 minute _____ A. M.21. I hereby certify that I attended the deceased from March
11, 1940, to March 14, 1940,
that I last saw him imply on March 14, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Diffuse peritonitis Duration _____
probably from an appendicitis
no operation no autopsy

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury !23. Signature J. E. Van Kessel (M. D. or other) _____
Address 1518 Lafayette Date signed 3/14/40

(Licensed Embalmer's Statement on Reverse Side)

50M-517-39

Rev. 5-17-39

1 X1011

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 Frank J. Wyland Sr.
Licensed Embalmer No. 2645
P. O. Address St. Louis Mo.

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.