. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 979

FILED FEB 24 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 253

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home 5976 So Cuba Court (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 14 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St Louis (b) County 000

(c) City or town Mo. 3 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5976 S. Cuba Court (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nora Wall

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband ~~or wife~~ Lawrence Wall

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased April (Month) 7 (Day) 1861 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	9	1	6 hr. 55 min.

9. Birthplace Tipperary (City, town, or county) Ireland (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Woods
13. Birthplace Tipperary (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Tipperary (City, town, or county) Ireland (State or foreign country)

16. (a) Informant M. J. Wall

(b) Address 5976 S Cuba Ct

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Watson Bocklage

(b) Address 6536 Clayton Rd

19. (a) JAN 9 1942 (Date received local registrar) (b) J. F. Bridcoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1942 hour 6 55 minute am M.

21. I hereby certify that I attended the deceased from Dec 10, 1941, to 1-9-42, 19 ; that I last saw her alive on 1-9-42, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 2 yrs

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. C. Kerfer MD (M. D. or other)

Address 4533 S Kingsbighway Date signed 1/9/42

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Bentley

Licensed Embalmer No. 3653

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, fact should be so stated above.