

S. No. 2
1-1-4-41
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43863
State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2799

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Edna Conscient Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Seven months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2520 McLarens
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Wall

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-13-43 day _____
year 6:30 P.M. minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Fleming Wall

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

7. Birth date of deceased May 2nd 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 6-1943 to 12-13-43 19____
that I last saw alive on 12-12-43 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>11</u>	hr. min.

Immediate cause of death Chronic arteriosclerosis

Due to _____

9. Birthplace Clarksville Tenn.
(City, town, or county) (State or foreign country)

Other conditions Chronic myoeuritis
(Include pregnancy within 8 months of death)

10. Usual occupation Housewife

PHYSICIAN _____

Major findings: None

Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

11. Industry or business John Davidson

12. Name John Davidson

13. Birthplace Clarksville Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Brown Cunningham

(b) Address 2520 McLarens

17. (a) Burial (b) Date thereof Dec 16, 1943
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation Falstaff Cemetery

18. (a) Signature of funeral director Chas. A. Buell

(b) Address 4457 Washington Bl.

19. (a) DEC 18 1943 (b) E. D. McDevan, M.D.
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify): None

(b) Date of occurrence _____

(c) Where did injury occur? None
(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 None

23. Signature D. M. J. Harmon
Address 2739 Grand Date signed 12-13-43

(Licensed Embalmer's Statement on Reverse Side)

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

76
9
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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, fact should be so stated above.