

FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 204

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 3 weeks
(Specify whether
 In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Mo. 000
 (a) State _____ (b) County _____
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 6244 Pershing
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

MARY WALL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph T. Wall

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

7. Birth date of deceased

Jan. 14, 1861
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>84</u> | <u>11</u> | <u>21</u> | hr. _____ min. _____ |

9. Birthplace Mascoutah

Mascoutah, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Em. Kehon

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Mary Smith

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Miss Corinne Wall

(b) Address 6244 Pershing

17. (a) Burial (b) Date thereof Jan. 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd., St. Louis

19. (a) JAN 8 1946 (b) J. F. Bredsch
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
 year 1946 hour 10:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec 1st 1945 to Jan 5th 1946
 that I last saw him alive on Jan 5th 1946
 and that death occurred on the date and hour stated above

Immediate cause of death Myocarditis

Duration 3 months

Due to Severely

Due to _____

Other conditions Usual to severity
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy none

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 Frank T. Davis M.D. (M. D. or other)
 Address Hennepin Club Bldg. Date signed 1/5/46

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

3237

Dr. Frank L. Davis
6143 Westminster

200

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 Thomas R. Demwick
Licensed Embalmer No. 3793
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.