

No. 2
A-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 31 1946
Registration District No. 317

Primary Registration District No. 6076

State File No. 0
Registrar's No. 1780

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8914 Sycamore Ct. 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Week end visit
years, months or days)

3. (a) PRINT FULL NAME Edwin Julius Ralls
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charlotte Wise Ralls 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov. 9 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 16 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Shapleigh Hardware Co.

MOTHER FATHER

12. Name Edwin Ralls
13. Birthplace Chester Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Kathryn Jergens
15. Birthplace Chester Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. E. J. Ralls
(b) Address 423 California Ave

17. (a) burial (b) Date thereof 8-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Mittelberg Undertakers
(b) Address Webster Groves, 19, Mo

19. (a) 8-28-46 (b) E. M. Lawrence
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves, 19
(If outside city or town limits, write "RURAL")
(d) Street No. 423 California Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 25
year 1946 hour 11 minute 50 p. M.
21. I hereby certify that I attended the deceased from 11:35 PM
25 Aug, 1946, to death, 1946
that I last saw him alive on 25 Aug, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema
Coronary injur (Heart)
Due to 940
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)
Signature Paul J. Wilton (M. D. or other) MD
Address 8923 Milland St. Louis 14, Mo Date signed 2 Aug 1946

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

SEP 23 1946

SEP 23 1946

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 *Elmer R. Padwell*

Licensed Embalmer No.: 4077

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.

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