

FILED SEP 14 1946
318

Registration District No.

Primary Registration District No.

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 _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4310 West Pine
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES W. WALL.

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

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

6. (b) Name of husband or wife Mary G. Holmes Wall. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 23 1851
(Month) (Day) (Year)

8. AGE: - Years 95 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Fort Wayne Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired; Treasurer

11. Industry or business Meyer Brothers Drug Co.

MOTHER FATHER { 12. Name Watson Wall.
13. Birthplace Ft. Wayne, Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Theo. M. Wall.

(b) Address 4903 Pershing Ave.,

17. (a) Burial (b) Date thereof 9-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) SEP 3 1946 (b) J. F. B...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1946 hour 6:13 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 14 1946 to Aug 31 1946
that I last saw him alive on Aug 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis (hard) of
Arteriosclerosis (hard) of

Due to General arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration

2 wks

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 Samuel B Grant (M. D. or other) _____
Address 114 N Taylor Ave Date signed 9/1/46

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

25012

1954

Dr. Sam Grants' Office.
916 Abundant Rd.
C# 8011

Dr. Samuel I. Deussen
114 No. Taylor
JE-86001

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood, 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.