DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21435

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5279

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: St. Luke's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")

(d) Street No. 215 So. Florissant Rd. 2
R.R. (If rural, give location)

(e) Citizen of foreign country? --- (Yes or No) 1

If yes, name country ---

3. (a) PRINT FULL NAME Dorothy D. Wall

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife Charles A. Wall

6. (c) Age of husband or wife if alive 54 years 2

7. Birth date of deceased March (Month) 20 (Day) 1896 (Year)

8. AGE: Years 52 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Bellflower, Missouri (City, town, or county) O (State or foreign country)

10. Usual occupation Accountant

11. Industry or business Bookkeeping

FATHER
12. Name George Earnest
13. Birthplace Missouri (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name Martha E. Lotton
15. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

16. (a) Informant Charles A. Wall

(b) Address Ferguson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director White Funeral Home

(b) Address 118 N. Florissant Rd.

19. (a) JUN 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 10, 1947, 19__, to June 8, 1948, that I last saw her alive on June 7, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute cardiac failure	instant
Due to acute nephritis	7 days
Due to toxemia from sulphathiazole reaction	
Other conditions (Include pregnancy within 3 months of death) 130	
Major findings: Of operations Acute nephritis	
Of autopsy Acute nephritis	

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 O

23. Signature L. P. Gay, M.D. (M. D. or other)

Address 453 North Taylor Ave (8) Date signed 6-9-48

(Licensed Embalmer's Statement on Reverse Side) Lee Petit Gay.

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.