

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28763

FILED SEP 6 1949

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>2067</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 N. Woodlawn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>St Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u> d. STREET ADDRESS (If rural, give location) <u>410 N. Woodlawn</u>			
3. NAME OF DECEASED a. (First) <u>Sadie</u> b. (Middle) <u>M</u> c. (Last) <u>Wall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-27-49</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-29-1885</u>		9. AGE (In years last birthday) <u>63</u> # UNDER 1 YEAR Months <u>11</u> Days <u>28</u> # UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edwin Tibbatts</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Brown</u>		14. NAME OF HUSBAND OR WIFE <u>P.H. Wall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P.H. Wall 410 N. Woodlawn, Kirkwood</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Duodenal Ulcer</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>4 4 218</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>7/11/49</u> , to <u>8/27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/26</u> , 19 <u>49</u> , and that death occurred at <u>9</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Samuel C. Drace, Jr.</u>				23b. ADDRESS <u>19 E. Lockwood</u>		23c. DATE SIGNED <u>8/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-29-49</u>		REGISTRAR'S SIGNATURE <u>Robert P. Drake, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Bopp, Inc. Kirkwood, Mo.</u>			

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

0-1 Drace

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KW-69

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Peter B. Dubrouillet

Licensed Embalmer No.

3691

P. O. Address

Richmond Heights, 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.