FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30368

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2140

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hosp. — Length of stay in Hospital 1½ month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St.Louis, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 10444 Coburg Lands (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WILLIAM Middle A. Last WALL

4. DATE OF DEATH Month Aug. Day 26. Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 14, 1893
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY Carter Carburetor
11. BIRTHPLACE (City and state or country) St.Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Wall
14. MOTHER'S MAIDEN NAME Mary Ronan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-12-6447
17. INFORMANT Margaret M.Wall-10444 Coburg Lands (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of lung with cerebral metastases (2 months.)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
INTERVAL BETWEEN ONSET AND DEATH 16 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 163X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/14/56 to 8/26/57 and last saw him alive on 8/25/57
Death occurred at 8:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John B. Devino, M. D.
22b. ADDRESS 16 Hampton Village Plaza
22c. DATE SIGNED 8/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Aug.29,1957
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) St.Louis, (State) Mo.

24. FUNERAL DIRECTOR Kriegshauser — ADDRESS 4228 S.Kingshighway
25. DATE REC'D BY LOCAL REG. 8-28-57
26. REGISTRAR'S SIGNATURE Herbert R. Dombo M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed William B. W. Lutz

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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