

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024043

STATE FILE NUMBER

DEPT JUL 11 1958 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1589

S. 300
y. 1-57

| | | | | | |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY St Louis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Overland 426X² | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2342 Addie | | Length of stay in 1b 18 yrs | d. STREET ADDRESS (If outside, give location) 2342 Addie | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First EDWARD Middle L Last WALLS | | | 4. DATE OF DEATH Month June Day 11 Year 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug 8 1882 | | 9. AGE (In years) 17 ¹⁷ (In days) Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance | | 10b. KIND OF BUSINESS OR INDUSTRY School Co Vocational | 11. BIRTHPLACE (City and state or country) Youngstown Ohio | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Jack Walls | | 13b. MOTHER'S MAIDEN NAME Hanna M Kemp | | 14. NAME OF HUSBAND OR WIFE Lillie Jane Walls | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 499-03-4139 | 17. INFORMANT Address Lillie Jane Walls Overland Mo | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Disease | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 Months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | 4/20.1 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 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. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 June 1957 to 6-11-58 and last saw ^{him} her alive on 6-6-58 Death occurred at 6-11-58 10:00 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) John Blumner MD | | | 22b. ADDRESS 35 N. Central, Clayton, Mo | | 22c. DATE SIGNED 6-11-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6/14/58 | 23c. NAME OF CEMETERY OR CREMATORY Mt Lebanon | | 23d. LOCATION (City, town, or county) (State) St Louis Co Mo |
| 24. FUNERAL DIRECTOR Ortmann F Home ADDRESS 9222 Lackland Overland Mo | | | 25. DATE RECD. BY LOCAL REG. 6/13/58 | 26. REGISTRAR'S SIGNATURE Herbert Radomke MD | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Al. C. Ostmann*

Licensed Embalmer No. *3478*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.