

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023636

FILED VS JUN 17 1960

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 125

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CENTRAL		Length of stay in lb 10 YRS.	c. CITY OR TOWN RURAL CENTRAL TWSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HILLSBORO RR# 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) HILLSBORO RR# 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First OSCAR Middle WALL Last WALL			4. DATE OF DEATH Month 5 - Day 18 - Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG 29 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY AUTO INDUSTRY	11. BIRTHPLACE (City and state or country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CARL WALL		13b. MOTHER'S MAIDEN NAME EMMA MEYER		14. NAME OF HUSBAND OR WIFE JULIA M. WALL	
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. 455 03 7815		17. INFORMANT Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Thrombosis		5 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Emphysema	10 yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from **August 1954** to **May 18, 1960** and last saw her **May 17, 1960** him alive on **May 17, 1960**
Death occurred at **6:30 Pm** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert Wall M.D. - 5300 Hahn	22b. ADDRESS 5322 Helen	22c. DATE SIGNED 5/18/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/21/60	23c. NAME OF CEMETERY OR CREMATORY St Martins E+R Cem.	23d. LOCATION (City, town, or county) (State) High Ridge MO
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24. FUNERAL DIRECTOR Baumgardner Funeral Home House Springs MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-19-60	26. REGISTRAR'S SIGNATURE Oliver B. Gardner
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 1 1960

VS JUN 16 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Gaw Jr.

Licensed Embalmer No. 4800

P. O. Address Kiskadee 22

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.