

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043251
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3262

FILED NOV 30 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Forest Haven Estates</u>		Length of stay in 1b <u>5 years</u>	c. CITY OR TOWN <u>Forest Haven Estates</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7335 Forest Haven Estates</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7335 Forest Haven Est.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Rowland</u> Middle <u>Kenneth</u> Last <u>Wall</u>			4. DATE OF DEATH Month <u>11-</u> Day <u>17</u> Year <u>1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-11-1910</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ass't Sec'y - Treas</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Am Zinc-Lead Smelting</u>		11. BIRTHPLACE (City and state or country) <u>Neosha, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>James Ira Wall</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Hannah</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Glesna Wall</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No None

17. INFORMANT Address
Mrs Glesna Wall 7335 Forest Haven Estates

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 1 YEAR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 1956 to 11/17/61 and last saw him alive on Oct. 1961
Death occurred at 6:00 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
William A. Roney M.D.

22b. ADDRESS
3720 Washington

22c. DATE SIGNED
11/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Cremation

23b. DATE
11-20-1961

23c. NAME OF CEMETERY OR CREMATORY
Valhalla Crematory

23d. LOCATION (City, town, or county) (State)
St. Louis Co., Mo

24. FUNERAL DIRECTOR ADDRESS
Bohmeister Colonial Mortuary 6464 Chippewa Street St. Louis 9, Missouri

25. DATE RECD. BY LOCAL REG.
11-18-61

26. REGISTRAR'S SIGNATURE
John C. Murphy M.D.

BY AFFIDAVIT OF

Funeral Director

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 *Eric C. Branson*

Licensed Embalmer No. 4764
P. O. Address St. Louis

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.