WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19082

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 605 Clara Ave. St. ..... Ward)

File No. .....

Registered No. 5501

2. FULL NAME Mollie Wall

(a) Residence. No. ..... St., 5 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Char. T. Wall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 29 1868

7. AGE: Years 60 | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chatanooka Tenn.

PARENTS

10. NAME OF FATHER: Harrice C. Hyman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Dora Morrell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Alfred Hirsch
(Address) 2755 Arsenal St.

15. FILED MAY 21 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 19 1928

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1924 to May 19, 1928 that I last saw her alive on May 19, 1928, and that death occurred, on the date stated above, at 11.45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular heart disease 131
97A
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): chronic interstitial nephritis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? N/A
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Ex. only
(Signed) Solon Cameron, M. D.
May 19 1928 (Address) Metropolitan Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Olive Jewish Cem.

DATE OF BURIAL: May 21 1928

20. UNDERTAKER: H. Rindskopf

ADDRESS: 5216 Delmar