

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

Do not use this space.

22209

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis**

(No. **St Louis Children's Hospital** St. Ward)

File No.

Registered No. **6391**

2. FULL NAME

Eugene Wall

(a) Residence. No. **3115 1/2 Jefferson St. 24** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **—**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **—**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **8-26-26**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 9 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **—**
(b) General nature of industry, business, or establishment in which employed (or employer) **—**
(c) Name of employer **—**

9. BIRTHPLACE (CITY OR TOWN) **St Louis**
(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Clarence Wall**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Hazel Barbo**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY)

14. INFORMANT **L Kaetting**
(Address) **5008 King Highway**

15. **JUN 16 1928** FILED **W. C. Starck** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 15 1928**

17. I HEREBY CERTIFY, That I attended deceased from **May 17, 1928**, to **June 15, 1928**, that I last saw him alive on **June 15, 1928**, and that death occurred, on the date stated above, at **12 NOON** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute purulent pericarditis (Streptococic)

Secondary Bacterial Pneumonia, necrotic (duration yrs. mos. **26** da.)
Operation for Pericarditis (duration yrs. mos. **4** da.)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, **Home**

DID AN OPERATION PRECEDE DEATH? **YES** DATE OF **5/29/28 (Pericardiotomy)**

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Phys Exam, Operation**
(Signed) **Russell E. Boyd** M.D.
6/15, 1928 (Address) **St. L. Children's**

*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 **Liesoto, Mo.** DATE OF BURIAL **6-17 1928**

20. UNDERTAKER **Witt Bros & Co 2929 1/2 Jefferson**

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.

