

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

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City **St. Louis**

Registration District No. **7011**
 Primary Registration District No. **1003**
 (No. **227 Sidney**)

File No. **22473**
 Registered No. **6669**
 St. Ward)

2. FULL NAME **John Rall, Sr.**

(a) Residence. No. **227 Sidney** St. **23** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Widowed

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

Anna Rall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 4th. 1868.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or min.
59	10	19		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Machinest**

(b) General nature of industry, business, or establishment in which employed (or employer) **Mo. Car & Fdy. Co.**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Frank Rall**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

14.

INFORMANT **Mrs. Anna Rall**
 (Address) **3213 E. 7th. St.**

15.

FILED **May 20 1928** **May 20 1928**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June, 23rd. 1928**

17. I HEREBY CERTIFY That I attended deceased from **6-23** to **6-23**, 19**28**, that I last saw him alive on **6-23**, 19**28**, and that death occurred, on the date stated above, at **9.30 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cholelithiasis
[Cholelithiasis]
unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **John T. Edley**, M. D.
6/25, 1928 (Address) **2532 S. Jefferson**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Pauls Churchyard **June, 26 1928**

20. UNDERTAKER **Wacker-Heldler**
 ADDRESS **2331 S. Bdway**

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.

