

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

Do not use this space.

41503

JAN 25 1934

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis (No. 5357, Delmar St. Ward)

File No.
Registered No. 10508
St. Ward

2. FULL NAME

William Amstead Wall

(a) Residence, No. 5351 Delmar St., 17 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura M. Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 29, 1846</u>				
7. AGE	YEARS <u>87</u>	MONTHS <u>3</u>	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year) <u>1920</u>		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Culpepper County, Virginia</u>				
FATHER	13. NAME <u>Lewis A. Wall</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
MOTHER	15. MAIDEN NAME <u>Lavinia L. Rixey</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>Mrs. Welmoth Waller</u> (ADDRESS) <u>5351 Delmar</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly Mo.</u> DATE <u>12-9-33</u>				
19. UNDERTAKER <u>W. Hesse</u> (ADDRESS) <u>429 N. Grand</u>				
20. FILED <u>7-1933</u> , 19 <u>J. F. Brebeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1933

I HEREBY CERTIFY, That I attended deceased from July 26, 1933 to Dec. 6, 1933

I last saw him alive on Dec. 6, 1933. Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:
Acute Cardiac Dilatation Date of onset 3 days

Other contributory causes of importance:
Hypertension 6 mos.

Name of operation Date of
What test confirmed diagnosis Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Polio Larsson, M. D.
(Signed) Polio Larsson, M. D.
(Address) 508 N. Grand Blvd

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.

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