

SEP 15 1934

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

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis Registration District No. 787
Township Meramec Primary Registration District No. 6032
City Highway 66 (No. Highway 66) St. Ward

2. FULL NAME Eugene Wall
(a) Residence, No. 3660 Blaine Ave. 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.

File No. 30646
Registered No. 5

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17-18 98

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 7 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machine operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Riggitts Meyer

10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

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

FATHER
13. NAME Carl Wall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Emma Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Dr. Albert Wall
(ADDRESS) 5322 Helen Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marc's Cemetery DATE August 20, 1934

19. UNDERTAKER E. J. Schaefer
(ADDRESS) 3125 Lafayette Av.

20. FILED Aug 18 1934 Missouri
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,
I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 9:15 pm.
The principal cause of death and related causes of importance were as follows:
Crushed left chest 2nd 3rd and 4th and 5th ribs, fractured one inch from spine, pefferating lung, both lobes with profuse interthoracic hemorrhage, 4th and 5th rib right,
Other contributory causes of importance: just one inch from sternum, fractured. Fractured spleen. Fractured nose. Glass cuts about face.

Name of operation Date of
What test confirmed diagnosis? autopsy. Was there an autopsy? yes

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?
If so, specify 9/17/34
(Signed) Jula B. Simon
(Address) 3718 Jennings St

Coroner St. Louis, Mo., 10/10,

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.

Secondary; Shock and hemorrhage.

Accident happened Highway #66, one mile
East of Pacific, Mo. Meramec Township, St. Louis
County, Mo. Auto Collision.

Verdict of Jury: We the jury find the deceased
Eugene Wall, came to his death, by automobile
accident, through his own negligence.