

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

Do not use this space.

JUN 12 1937

791

18358

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. (No. 1536 Papin Street St. Mary's Infirmary.)

File No.....

Registered No.....

Ward.....

2. FULL NAME

William Walls

(a) Residence, No. 1619 a Carr
(Usual place of abode)

St. 25 Ward.

(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

Male

4. COLOR OR RACE

Colored

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Malissie Walls

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

ABT 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

ABT 29

OCCUPATION

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

LABOR

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

common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UNKNOWN

FATHER

13. NAME

UNKNOWN

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

UNKNOWN

15. MAIDEN NAME

UNKNOWN

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

UNKNOWN

17. INFORMANT

(ADDRESS)

MALISSIE WALLS

1619 a Carr St

18. BURIAL, CREMATION, OR REMOVAL

PLACE EAST ST. LOUIS DATE 5-16 1937

19. UNDERTAKER

(ADDRESS)

R. M. GREEN

3517 Cecile Ave

20. FILE

MAY 15 1937

J. J. Pruess
Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 13 1937

22. I HEREBY CERTIFY, That I attended deceased from

April 30, 1937, to May 13, 1937.

I last saw him alive on May 13, 1937. Death is said

to have occurred on the date stated above, at 4:35 P.m.

The principal cause of death and related causes of importance were as follows:

Saban Pneumonia

Date of onset

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

(Signed)

(Address)

M. D.

M. W. Foster
St. Mary's Infirmary

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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