

NOV 16 1938

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

34122
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Mo. (d) Street No. City Sanitarium Registered No. 9108
(e) Length of residence in city or town where death occurred 87 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Matilda Rall
(a) Residence, No. 929 No. Aubert St. 12 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About March 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as saw mill, bank, etc. Nil
10. Date deceased last worked at this occupation (month and year) Nil 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Conrad Rall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hessendormstadt Germany

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT A.K. Busch, M.D.
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 10/20/38

19. FUNERAL DIRECTOR (NAME) Edith E. Ambruster
(ADDRESS) 4234 Manchester

20. FILED OCT 19 1938 J. F. Bredeh
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-11-38, 19 to 10-19-38, 19
I last saw her alive on 10-19-38, 19. Death is said to have occurred on the date stated above, at 12:25 A.M.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia 10-16-38 Date of onset

Other contributory causes of importance
Senility 7-11-38x

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) A.K. Busch, M. D.
(Address) 5400 Arsenal St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Florenz Eynck

Licensed Embalmer No.

1284

P. O. Address.....

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.