

1939 AUG 3 1939

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

Do not use this space.

25990

1. PLACE OF DEATH

County Jefferson Registration District No. 420
Township Waller Primary Registration District No. 3022
City St. Louis (No.) St. Ward

File No.
Registered No. 41

2. FULL NAME

(a) Residence, No. 574 N. Main Ward

(Usual place of abode) Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 47 5 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Dealer
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) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Thomas Wall

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

MOTHER 15. MAIDEN NAME George Elliot

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

17. INFORMANT (ADDRESS) Walter Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE July 3 1939

19. UNDERTAKER (ADDRESS) Donald B. DeBata

20. FILED 7-31 1939 Jessie Danzell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939, to July 1st 1939
I last saw him alive on July 1st 1939. Death is said to have occurred on the date stated above, at 8:10 am.
The principal cause of death and related causes of importance were as follows:

Heart Block
Date of onset 7/1/39
94

Other contributory causes of importance: Angina Pectoris with Coronary Thrombosis

Name of operation none Date of
What test confirmed diagnosis? clinical 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
(Signed) F. A. Elders, M. D.
(Address) De Bata Mo

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.

