

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Home of the Friendless**  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **10 yrs.**  
(Specify whether years, months or days)

In this community **26 yrs.**

3. (a) PRINT FULL NAME **Miss EMILY RALLS**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **May 13 1860**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **4** Days **27**  
If less than one day hr. min.

9. Birthplace **Unknown Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **James Ralls**

13. Birthplace **Unknown Virginia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Reabel Donrold**

15. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss E. Jones**

(b) Address **4431 S. Broadway**

17. (a) **Burial** (b) Date thereof **October 14 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**

18. (a) Signature of funeral director **C. Hoffmann & Co.**

(b) Address **7814 S. Broadway**

19. (a) **OCT 11 1940** (b) **J. B. Budick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County

(c) City or town **St. Louis** **15**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4431 S. Broadway**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **10**  
year **1940** hour **11** minute **0** M.

21. I hereby certify that I attended the deceased from **Dec 30**, 19**30** to **Oct 10**, 19**40**  
that I last saw **her** alive on **Oct 10**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio sclerosis**  
**Chronic myocarditis and**

Due to **Senility**

Due to

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **no**

Duration

**Years**

**Years**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? \_\_\_\_\_

(Specify means of injury) \_\_\_\_\_

23. Signature **Chas E. Rudman** (M. D. or other) **MR.**  
Address **3722 Washington** Date signed **Oct 11/40**

**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..... *Edwin H. Leibinger*  
.....  
Licensed Embalmer No. *6049*  
P. O. Address..... *6464 Chippewa*

**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, fact should be so stated above.**