S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29118

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7649

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3441 Texas Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3441 Texas Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jacob Rall

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Amelia Rall

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased January (Month) 18 (Day) 1886 (Year)

8. AGE: Years 56 Months 7 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Emma Boll
15. Birthplace St. Louis (City, town, or county) Missouri 1 (State or foreign country)

16. (a) Informant Amelia Rall
(b) Address 3441 Texas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Hackey-Helderle Und Co
(b) Address 3634 Gravois Ave.

19. (a) SEP 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 th
year 1942 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept 7th, 1942 to Sept 11th, 1942
that I last saw h— alive on Sept 11th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilat. Pneumonia	
Due to Apoplexy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations —
Of autopsy —

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) —
(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? — (e) Means of injury —

23. Signature Bernard Plock (M. D. or other)
Address 3527 Orogh, Illinois Date signed 9-12-42

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Wheeler.

Licensed Embalmer No. 2128

P. O. Address St Louis Mo.

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

If this body is not embalmed, fact should be so stated above.