

Registration District No. Primary Registration District No.

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County
000 17

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

(d) Street No. 4832 Margaretta Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME John W Mall

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Mall 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October 3, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>4</u>	hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Mall

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Sellers

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

16. (a) Informant Mrs. Beatrice Hutchinson

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 3/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paducah, Kentucky

18. (a) Signature of funeral director Albert H. Honne Inc.
(b) Address 4700 Washington Blvd.

19. (a) MAR 8 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7
year 1943 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;
that I last saw h..... alive on 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured right leg
Asterns scleremia, suffered when
he slipped and fell to floor
at City Supermarket Feb 15
1943 about 6:05 P.M.

Due to
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: fracture
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) accident 000
(b) Date of occurrence Feb 15 1943
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Supermarket
(Specify type of place)

While at work? no (e) Means of injury fall

23. Signature W. Perry (M. D. or other)
Address St. Louis Date signed 3/8/43

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

MOTHER FATHER

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

W. W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address:.....

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.