

FILED JUL 31 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
4541 Wichita Ave. /
(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

3. (a) PRINT FULL NAME Richard Wall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Late Ella Wall

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

7. Birth date of deceased Dec. 27th 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	6	24	hr. min.

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

10. Usual occupation Dry Goods Store Proprietor

11. Industry or business.....

MOTHER FATHER {

12. Name Unknown Wall

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

14. Maiden name.....

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

16. (a) Informant Richard G. Wall
(b) Address 4541 Wichita Ave.

17. (a) Burial (b) Date thereof 7-24-43
(Date, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) (Date received local registrar) (b) 10/13 J. F. [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 9/18

(a) State Mo. (b) County.....

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

(d) Street No. 4541 Wichita Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st
year 1943 hour 8:40 minute P.M. M.

21. I hereby certify that I attended the deceased from July 21, 1943, to July 21, 1943, that I last saw him alive on July 21, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy.
Chronic nephritis & nitroglycerin Retention

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 1/21
Of operations.....

Of autopsy.....

Duration

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?

23. Signature J. M. [Signature] (M. D. or other) M.D.
Address 45013 [Signature] Date signed 7-23-43

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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 Richard W. Stoverand
Licensed Embalmer No. 7007
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.