

No. 2
M-5-43
5-17-39
I X36671

FILED JAN 25 1946
Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

575

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:
3866 Kingsland Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 50 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3866 Kingsland Court
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 6
If yes, name country.....

3. (a) PRINT FULL NAME Mr. William A. Rall

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (b) Name of husband or wife Mrs. Louise Siefert 6. (c) Age of husband or wife if
alive ---- years

7. Birth date of deceased October 10, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 6 hr. min.

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

10. Usual occupation Telegrapher

11. Industry or business Telegraphing

12. Name James M. Rall

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

14. Maiden name Catherine G. Wilber

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

16. (a) Informant Mrs. Delphine Rall

(b) Address 3866 Kingsland Court

17. (c) Burial (b) Date thereof 1/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JAN 18 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16,
year 1946 hour 2: minute 15 P. M.

21. I hereby certify that I attended the deceased from
Jan. 7 1946 to Jan. 16 1946
that I last saw him alive on Jan. 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Chronic Myocarditis ?

Due to.....

Due to.....

Other conditions Arteriosclerosis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....
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?
.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Ray J. Schuster (M. D. or other) D

Address 3115 So. Grand Blvd Date signed 1/17/46

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..... *Glen W. Hay*

Licensed Embalmer No. *3737*

P. O. Address..... *1936 St. Louis*

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.