

S. No. 2
M-5-43
7. 5-17-39
p 1 X36871

FILED JUL 1 1946

State File No. _____

Registrar's No. 1338

Registration District No. 317

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7546 Comfort
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Maplewood. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7546 Comfort 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country. _____

3. (a) PRINT FULL NAME WILLIAM WRIGHT WALL

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 493-03-0743

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

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug. 24 1882
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 64 | 10 | 6 | hr. min. |

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

10. Usual occupation Grocery clerk.

11. Industry or business _____

MOTHER FATHER

12. Name John Wall

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

14. Maiden name Gilad Smith

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

16. (a) Informant Nellie Wall

(b) Address 7546 Comfort

17. (a) burial (b) Date thereof June 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Oak Hill

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) 6-22-46 (b) E. J. McSweeney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1946 hour 5 minute 10 P.A.M.

21. I hereby certify that I attended the deceased from 3-12 1940 to 6-18 1946
that I last saw him alive on 6-18-46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 1 day
Due to Cardio-vascular-Renal disease 4 years
Due to multiple sclerosis & paralysis
Other conditions Norma
(Include pregnancy within 3 months of death) 13/0

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature E. J. McSweeney (M. D. or other) _____
Address 3651 Grandel St. Date signed 6-20-46

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

A. W. Zingales
3657 Grand St. Sq.
Je 44 30.

JUN 15 1954
ST. 97 97M

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 3454
J. Robert Sidman, Registered Apprentice No. 400
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.