

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH  
 1003

State File No. 26173  
6800  
 Registrar's No.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town SAINT LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2915 N. MARKET ST. 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 ST. LOUIS 96  
 (c) City or town RURAL, NORTHWOODS (20)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4412 MATHEW ST.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALBERT G. WALL  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 (b) Name of husband or wife MARY E. WALL Née PROFFER (c) Age of husband or wife if alive 39 years  
 7. Birth date of deceased JULY 20, 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 11 28 hr. min.

9. Birthplace SAINT LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation CHIEF ENGINEER

11. Industry or business of GRUENDLER CRUSHERY & POLY. Co

12. Name ALBERT D. WALL

13. Birthplace NEW ALBANY INDIANA  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. MARIE E. WALL

(b) Address 4412 MATHEW ST. NORTHWOODS 20

17. (a) BURIAL (b) Date thereof JULY 21, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director GALVIN F. FEUTZ

(b) Address 4828 NATURAL BRIDGE BLVD

19. (a) JUL 20 1947 (b) J. J. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
 year 1947 hour 5 15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June, 1939 to July 18, 1947  
 that I last saw him alive on July 5, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Arteriosclerosis  
 Due to \_\_\_\_\_

Due to Phonic Myocarditis 8 yrs.

Other conditions \_\_\_\_\_  
\*(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
 Means of injury \_\_\_\_\_

23. Signature Charles H. M... (M. D. author)  
 Address 3971 Lee Ave. St. Louis Date signed 7/18/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

*Viril Morris (24)*  
~~Robert Anderson~~  
Licensed Embalmer No. ~~.....~~ #3360

P. O. Address..... *St. Louis, Mo*

**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.**