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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3203 638

FILED JAN 30 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's 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. John's Hospital 0 (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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Perry 999

(c) City or town Du Quoin 11 (If outside city or town limits, write "RURAL")

(d) Street No. R.R. 0 (If rural, give location) 2

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jeanette Wall

3. (b) If veteran, name war No

3. (c) Social Security No. 333-24-7779

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 21 (Day) 1928 (Year)

8. AGE: Years 19 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Olsie Wall
13. Birthplace West Frankfort (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Florence Chance
15. Birthplace West Frankfort (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Florence Wallace
(b) Address West Frankfort, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Du Quoin, Ill.

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

19. (a) JAN 21 1948 (Date received local registrar) (b) J. T. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1948 hour 3 minute 32 A.M.

21. I hereby certify that I attended the deceased from Jan. 1 - 48, 19, to Jan 21, 1948, that I last saw h. alive on Jan 20 - 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Lupus Erythematosus disseminated — Duration 6 wks.

Due to: Uremia

Due to: U

Other conditions (Include pregnancy within 3 months of death): Diabetes Mellitus — 2 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Alvord Miller (M. D. or other)
Address 408 Humboldt Bldg. Date signed 1/21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John S. Dennehy

Licensed Embalmer No. 4194

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.