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FILED JUN 12 1948 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 5100

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
2646 Russell Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME LUCY JANE WALL

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Henry A.

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August 29, 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 2
If less than one day hr. min.

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

10. Usual occupation House-wife

11. Industry or business At Home

12. Name Thomas Paine

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

14. Maiden name Electa Shawl
(City, town, or county) (State or foreign country)

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

16. (a) Informant Henry A. Wall

(b) Address 2646 Russell Blvd.

17. (a) burial (b) Date thereof 6-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
2301 Lafayette Avenue

(b) Address _____

19. (a) JUN 3 1948 (b) J. P. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2646 Russell Blvd.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1948 hour 19:30 minute P M.

21. I hereby certify that I attended the deceased from 3/15/48 to 5/31/48, 1948
that I last saw her alive on 5/31/48 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 mo.

Due to Chronic Myocarditis 2 years.

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

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)

(c) Means of injury 6

23. Signature J. P. Bredebeck (M. D. or other) _____
Address 3958 S. Brentwood Date signed 6/2/48

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

Dr. R. Hofmeister
3958 So. Grand. Bl.

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.....

Licensed Embalmer No.

P. O. Address.....

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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.