S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30729

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 201

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92
(c) City or town Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3, St. Charles 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME H. Edvin Lall

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Margaret Vogt
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March 14, 1898 (Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Finnland 4 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm

FATHER
12. Name John Lall
13. Birthplace (City, town, or county) Finnland 4 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Finnland 4 (State or foreign country)

16. (a) Informant Mrs. Margaret Lall
(b) Address R.R.3, St. Charles, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Trinity Lutheran Cemetery St. Charles County, Mo.
18. (a) Signature of funeral director Hackmann-Bauer
(b) Address 326 N. 6th St., St. Charles, Mo.
19. (a) 10-4-48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature) 2 9 1 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th year 1948 hour 8 minute 57 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on 9/26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized amyloidosis	?
Adrenal crisis	1 wk
Due to Addison Disease	
Far advanced	?
Due to Pulmonary TBC	
Other conditions No (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R O Hayden (M. D. or other) MD
Address Hearne, Mo Date signed 9/27/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number OCT 9 1948
Date Filed

SAV JUL 1 0 1959 JUL 1 - 1959 VS

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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, Md.

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.