

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31671

FILED OCT 4 1948

Registration District No. 379

Primary Registration District No. 6076

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 days
(Specify whether _____)

In this community 12 1/2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 2150

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

(d) Street No. 3706 West Pine
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WALES, Roy R.

3. (b) If veteran, name war WW-I

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased April 28, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 4 14 hr. _____ min.

9. Birthplace Leonard, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Gov't. Meat Inspector

11. Industry or business _____

MOTHER FATHER { 12. Name Henry R. Wales

13. Birthplace Savannah, Ga.
(City, town, or county) (State or foreign country)

14. Maiden name Sally E. Womack

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

16. (a) Informant Registrar - VAH

(b) Address Jefferson Barracks, Mo.

17. (a) REMOVAL (b) Date thereof Sept. 14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leonard, Texas

18. (a) Signature of funeral director C. Hoffmeister Und.

(b) Address 7811 So. Broadway, St. Louis, Mo.

19. (a) 7-13-48 (b) Bevilacqua
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12
year 1948 hour 3:50 minute p. M.

21. I hereby certify that I attended the deceased from August 11, 1948 to September 12, 1948
that I last saw him alive on September 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC DECOMPENSATION Duration Unk

Contributory cause: BRONCHOPLEURAL
FISTULA Unk

Due to 950

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy Autopsy performed (see cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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 L.E. Stilwell
(Specify place) (Means of injury)

23. Signature L.E. Stilwell (M. D. not)

Address VAH, Jeff. Brks., Mo. Date signed 9/12/48

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 *Linus C. Hoffmann*

* Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.