

FILED JUN 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19078

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2380	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Jennings		c. LENGTH OF STAY (in this place) years		c. CITY (If outside corporate limits, write RURAL and give township) 13 TOWN Jennings		2138	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5665 Helen Ave.				d. STREET ADDRESS (If rural, give location) 5665 Helen Ave. 0			
3. NAME OF DECEASED (Type or Print) Pearl		a. (First) M.		c. (Last) Walls		4. DATE OF DEATH (Month) (Day) (Year) June 5, 1951.	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 17, 1883	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Laoma, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Thomas J. Huffman		13b. MOTHER'S MAIDEN NAME Adeline Hensley	
14. NAME OF HUSBAND OR WIFE George Walls				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mr. George Walls				ADDRESS 5665 Helen Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute congestive heart failure				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) severe atrophy DUE TO (c) carcinomatous				Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign tumor, Acidosis		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 199.8	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-17-51, 1951, to 6-5-51, 1951, that I last saw the deceased alive on 6-4-51, 1951, and that death occurred at 11:20p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert W. Shelby D.O.				23b. ADDRESS 6401 W. Pleasant		23c. DATE SIGNED 6-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-9-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. 6-8-51		REGISTRAR'S SIGNATURE Herbert R. Danks, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Glen W. Katz

Licensed Embalmer No. _____

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P. O. Address _____

St. Louis, Miss.

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.