

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31928**
6482

FILED SEP 19 1951

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwoods		4170	
c. LENGTH OF STAY (In this place) 6 Days		d. STREET ADDRESS (If rural, give location) 6427 Mary Ellen Place		/	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) R.		c. (Last) Wall	
4. DATE OF DEATH (Month) (Day) (Year) July 20, 1951					
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 19, 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Fruit Planter		11. BIRTHPLACE (State or foreign country) New Harmony, Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME William Wall		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sarah Wall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Burg 6724 Mary Ellen Ave.	
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure Interochaortic fracture of left femur ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <i>O.K. report 12/4/51</i>
19a. DATE OF OPERATION July 14, 1951		19b. MAJOR FINDINGS OF OPERATION Interochaortic fracture left femur			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wall Ferry House		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 29127	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 13 1951 P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell at Wall Ferry nursing home	
22. I hereby certify that I attended the deceased from July 14 , 1951, to July 20 , 1951, that I last saw the deceased alive on July 19 , 1951, and that death occurred at 8 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Milton J. Leubel MD		23b. ADDRESS 508 W. Grand		23c. DATE SIGNED July 20, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-21-51		24c. NAME OF CEMETERY OR CREMATORY Haines City, Florida	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnell 3840 Wendell St.			
DATE REC'D BY REG. JUL 20 1951		REGISTRAR'S SIGNATURE J. B. Foster			

508 No. ...
1130-70

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.....

W.H. Van Matre

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.