

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21601**No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 2016		Registrar's No. 239	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Jefferson City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri River-^{at} Sand Plant				e. STREET ADDRESS (If rural, give location) 715 W Mc Carty			
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) _____ c. (Last) WALLAU			4. DATE OF DEATH Aug 3, 1955 (Month) (Day) (Year)				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 11, 1889	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR 4 Months 22 Days		IF UNDER 24 HRS. 22 Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY J C Sand Plant		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. Henry Wallau			13b. MOTHER'S MAIDEN NAME Anna Marie Dinkelbach		14. NAME OF HUSBAND OR WIFE Glossa Richel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes War I		16. SOCIAL SECURITY NO. 490-09-5746		17. INFORMANT'S SIGNATURE OR NAME MRS. AL WALLAU J. C. MO. ADDRESS _____			
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) Death by Drowning 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. 9298 42					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Free between 2 barges into Mo. River at Sand Plant		21c. (CITY, TOWN, OR TOWNSHIP) Jefferson City, Cole (STATE) Mo			
21d. TIME OF INJURY Aug 3 1955 2:40 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? As Cole County Coroner			
22. I hereby certify that I attended the deceased from Aug 3, 1955 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:40 P.M. , from the causes and on the one stated above.							
23a. SIGNATURE J. Bruce M.D. (Degree or title)			23b. ADDRESS 334 Madison Jefferson City, Mo.		23c. DATE SIGNED 8-9-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/55		24c. NAME OF CEMETERY OR CREMATORIUM St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. Aug 9-1955		REGISTRAR'S SIGNATURE R.P. Davis M.D. DR		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle		ADDRESS J. C. MO.	

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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.....
Signature of Student Embalmer

Signed.....
Sylvester Quille

Licensed Embalmer No. 432

P. O. Address.....
Jefferson

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.