FILED NOV 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39157
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 395

1. PLACE OF DEATH
a. COUNTY St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre Mo. — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BonneTerre Hosp. — Length of stay in 1b 6 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Rural — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Cadet. Mo. Rout — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Nicholas Middle [illegible] Last Wall.

4. DATE OF DEATH Month Nov. Day 4, Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct 10 1893
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months 0 Days 24 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer&Carpenter
11. BIRTHPLACE (City and state or country) Cadet Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Wall
14. MOTHER'S MAIDEN NAME Clemantine Dapron
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Beatrice Wall Cadet Mo. Rout

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Glioblastoma of frontal lobe — INTERVAL BETWEEN ONSET AND DEATH Abt. 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
General infirmities. 193X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/21/56 to 11/4/56 and last saw him alive on 11/4/56
Death occurred at 9:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS Bonne Terre, Mo.
22c. DATE SIGNED 11-12-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/6/56
23c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery
23d. LOCATION (City, town, or county) (State) Potosi Mo.

24. FUNERAL DIRECTOR Sparks Funeral Home ADDRESS Bonne Terre, Mo.
25. DATE RECD. BY LOCAL REG. Nov. 12, 1956
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.