

XC- FILED JAN 23 1958
SL- 15630

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3474
STATE FILE NUMBER
33

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN HOUSE SPRINGS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Length of stay in lb 3 DAYS	
d. STREET ADDRESS RR # 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle J. Last RALL or REID		4. DATE OF DEATH Month 1 Day 2 Year 58	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-4-1895
9. AGE (In years last 62 days 8 months 0 days 0 hours 0 min.)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	
10b. KIND OF BUSINESS OR INDUSTRY TRUCKING		11. BIRTHPLACE (City and state or country) MATTISE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME FRANK RALL	
13b. MOTHER'S MAIDEN NAME TILLIE MEYER		14. NAME OF HUSBAND OR WIFE WIFE DECEASED	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT VA HOSP RECORD		Address 915 N GRAND ST LOUIS MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) POSSIBLE PULMONARY EMBOLUS			INTERVAL BETWEEN ONSET AND DEATH FEW MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE			10 YEARS
DUE TO (c) 420.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. attended the deceased from 12-30-57 to 1-2-58 and last saw live on 1-2-58 Death occurred at 6:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. Field</i> M. Field (Degree or title) M. D.		22b. ADDRESS VAH. ST. LOUIS, MO.	
22c. DATE SIGNED 1-2-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/6/58	
23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul		23d. LOCATION (City, town, or country) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR E.J. Schnur		ADDRESS 3125 Lafayette Ave.	
25. DATE RECD. BY LOCAL REG. JAN 3 '58		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>M. J. B.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Joseph Vollmer*

..... Licensed Embalmer No. *4014*

..... P. O. Address *3125 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.