N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 35332
Registered No. 376

1. PLACE OF DEATH
County Saint Louis
Registration District No. 1123
Primary Registration District No. 6248 B
Township
City Jefferson Barracks (No. Veterans Hospital St. Ward)

2. FULL NAME Luther Hays WALLEN
(a) Residence, No. St., Ward. Cedar Grove, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs. Virgie Wallen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31, 1875

7. AGE: Years 62 | Months 0 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) About 3 yrs. ago
11. Total time (years) spent in this occupation 32 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck Missouri.

FATHER
13. NAME Henry Clay Wallen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck Missouri

MOTHER
15. MAIDEN NAME Nancy Tolleck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck, Missouri.

17. INFORMANT Clinical Clerk M. Schilling
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove, Mo. DATE Sept. 13, 1937

19. UNDERTAKER C. Hoffmeister Und. & Livery Co.
(ADDRESS) 7814 So. Broadway, St. Louis, Mo.

20. FILED Sept. 13, 1937 L. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1937, to September 13, 1937
I last saw him alive on September 13, 1937. Death is said to have occurred on the date stated above, at 1:08 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized with hypertension severe.	Unkn.

Other contributory causes of importance:

Cerebral Arteriosclerosis with mental deterioration, severe.	Unkn.
Myocardial Degeneration.	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. W. HUGHES, Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Missouri.