

23 1938
 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.

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

33245
 Do not use this space.

DECD OCT 6 1938

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101
 (c) City Clayton (d) Street No. St. Louis County Hospital Registered No. 1554
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Elsie Wallis 420
 (a) Residence, No. 5100 St. Louis Ave., St. Louis, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Wallise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/15/1856

7. AGE YEARS 82 MONTHS 3 DAYS 8 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME James Fenton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Judie Rouse
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT son, Paul Lovelace
 (ADDRESS) 11a S. Vandeventer, City

18. BURIAL, CREMATION, OR REMOVAL PLACE Desarc, Mo. DATE 9/25/38

19. FUNERAL DIRECTOR Albert Hoppe
 (ADDRESS) 4700 Washington, City

20. FILED SEP 23 1938 G. R. Meyer, M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23/38

22. I HEREBY CERTIFY, That I attended deceased from 9/21/38 to 9/23/38
 I last saw her alive on 9/23/38 Death is said to have occurred on the date stated above, at 5.30A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Cerebral edema
Atherosclerosis
 Other contributory causes of importance
 Date of onset 9/17/38
9/17/38 years

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) Wilton A. Spitz, M. D.
 (Address) St. Louis County Hospital

STATEMENT BY LICENSED EMBALMER.

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)