

2 - 1938

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

36806
Do not use this space.

RECD NOV 4 1938

1. PLACE OF DEATH

(a) County ST LOUIS 2 Registration District No. 784
 (b) Township J. J. JOHNSON Primary Registration District No. 109
 (c) City MAPLEWOOD (d) Street No. 7350 CAYOLA St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 36 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME State B. Wallace

(a) Residence, No. 7350 Cayola St. (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 MARRIED OF (OR) WIFE OF James W. Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 - 1856

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

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) Indianapolis, Indiana

FATHER

13. NAME H. M. Motherhead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Caroline Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) J. M. Wallace
7350 Cayola - Maplewood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Park DATE Nov-3 1938

19. FUNERAL DIRECTOR Parker and Co
(ADDRESS) Wearless grove mo
W. R. Meyer, M.D., M.P.H.
Local Registrar.

20. FILED NOV 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1938

22. I HEREBY CERTIFY, That I attended deceased from October 9 1938, to Nov 1 1938.
 I last saw him alive on Nov 1 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Parenchymatous Nephritis Date of onset years
131
 Other contributory causes of importance:
Chronic Valvular Cardiac Date of onset years

Name of operation none Date of _____
 What test confirmed diagnosis Physical findings 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? no
 If so, specify _____
 (Signed) Wm. H. Townsend, D.
 (Address) 3101 Sutton Ave
Maplewood Mo

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.

STATEMENT BY LICENSED EMBALMER

I, C. C. Aldrich , Licensed Embalmer No. 1332

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 C. C. Aldrich

Licensed Embalmer No. 1332

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.)