

S. No. 2
DM-5-42
v. 5-17-39
X32873

38,167

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1942

Registration District No.

Primary Registration District No. 200

Registrar's No. 2400

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pine Crest Home Div. #2. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs.
(Specify whether years, months or days)

In this community 10 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,

(c) City or town Manchester,
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 50.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Wallace,

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th.
year 1942 hour 9 minute 21 P. M.

21. I hereby certify that I attended the deceased from 10/15/42
to 11/16/42

that I last saw him 1m alive on 11/15/42

and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Effie Wallace

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: Dec. 25, 1857
(Month) (Day) (Year)

Immediate cause of death Bronchial Asthma,

Due to Arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) 97

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>10</u>	<u>21</u>	hr. min.

Major findings: Of operations 97

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired druggist,

11. Industry or business Drug store

MOTHER { 12. Name Martin Wallace,

13. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Cartwright,

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Burgess,

(b) Address Ballwin, Mo.

17. (a) Burial
(Burial, cremation, or other) (b) Date thereof 11/18/42
(Month) (Day) (Year)

(c) Place: burial or cremation Ballwin, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) NOV 17 1942 (Date received local health officer)

(b) E. S. Mc Ginnis
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature R. N. Jansen (M. D. 0)

Address Manchester Mo Date signed 11/17/42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Theo. Schrader*.....
Licensed Embalmer No. *3066*
P. O. Address *Balwin, Mo*

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 this body is not embalmed, fact should be so stated above.