V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1942

Registration District No. 818

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39448

State File No.

Primary Registration District No. 1003

Registrar's No. 10179

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2944 Laclede, Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17

(c) City or town St. Louis 9 18
(If outside city or town limits, write "RURAL")

(d) Street No. 2944 Laclede, Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Amanda Wallace

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race 3 Negro

6. (a) Single, widowed, married 2 divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 7 (Day) 1870 (Year)

8. AGE: Years 72 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Gallentown (City, town, or county) Tenn 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Steven Hogg
13. Birthplace Gallenton (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Rosa Jones
15. Birthplace Unk. (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Bessie Harris
(b) Address 2944 Laclede, Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director English Unk Co
(b) Address 2931 Lucas Ave

19. (a) DEC 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3
year 1942 hour 1 minute a M.

21. I hereby certify that I attended the deceased from Nov 23 - 1942 to Dec - 3 - 1942
that I last saw her alive on Dec 3 - 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Interstitional Nephritis	Sent no
Due to	
Due to	
Other conditions age. (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

While at work? (e) Means of injury 0

23. Signature Dr Edward Bell (M. D. or other)

Address 2901 Laclede Ave Date signed 12-6-42

(Licensed Embalmer's Statement on Reverse Side)

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ame

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.