

**FILED FEB 4 1943 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Hosp #1 0**  
(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 **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4236 Millmar Blvd**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Williams Wallace**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **2 widower**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **abt 72** **1871**  
(Month) (Day) (Year)

8. AGE: Years **abt 72** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **New York**  
(City, town or county) (State or foreign country)

10. Usual occupation **Gambler**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**

13. Birthplace **Unknown** **9/11/0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9/11/0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna G. Fitzmaurice**

(b) Address **1300 Clark**

17. (a) (b) Date thereof **1-10-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis**

18. (a) Signature of funeral director **W. K. ...**

(b) Address **3500 ...**

19. (a) **JAN 29 1943** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **31**  
year **1942** hour **11** minute **04 P** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **External laceration of leg from compound fracture of left leg, femoral, having long, jagged fracture pelvis when he was struck by an automobile driver who was passing him at the time.**  
Died **at home, Rosalie Sulzbach, about 20 feet east of Peardle's**  
Other conditions **and weakness for over about 9:30 PM, Dec 31 1942**  
(Include pregnancy within 3 months of death)

22. (a) Accident, suicide, or homicide (specify) **Accident 000**  
(b) Date of occurrence **Dec 31 1942**  
(c) Where did injury occur? **St. Louis**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public place**  
While at work? **No** (Specify type of place) (e) Means of injury **Auto**

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

(a) Accident, suicide, or homicide (specify) **Accident 000**

(b) Date of occurrence **Dec 31 1942**

(c) Where did injury occur? **St. Louis**  
(City or town) (County) (State)

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

While at work? **No** (Specify type of place) (e) Means of injury **Auto**

23. Signature **Alfred ...** (M: D: or other) **3**

Address **Light Street** Date signed **1/18/43**

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**