S. No. 2
I—9-4-41
5-17-39
X25484

FILED AUG 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25921

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 124

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

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: 115 Boonslick
(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 Missouri (b) County St Charles 92 3

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

(d) Street No. 115 Boonslick
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Nettie Wallace

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ William Wallace

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

7. Birth date of deceased January (Month) 18 (Day) 1868 (Year)

8. AGE: Years 75 Months 5 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace La Grange (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Unknown - Shively
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown Ogden
15. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Lavina Cook & Beulah Cline

(b) Address St Charles Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 15 (Day) 1943 (Year)

(c) Place: burial or cremation Oak Grove Cem. St Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 801 N. Second, St Charles, Mo.

19. (a) 7-14-1943 (Date received local registrar) (b) Ernest E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-43, 19..., to 7-17-43, 19..., that I last saw her alive on 7-13-, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr myocarditis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

930

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? R J Brittle Means of injury 0

23. Signature ..... (M. D. or other)

Address 201 Clay Date signed 7/15/43

13 (10)

(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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.