

NOV 20 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2539

1. PLACE OF DEATH:

(a) County KIMBOOK St. Louis
 (b) City or town Rural Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. LOUIS COUNTY HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 MONTH
 (Specify whether
 In this community 6 YEARS
 years, months or days)

3. (a) PRINT FULL NAME RICARD WALLACE

3. (b) If veteran, name war NO 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CLARA WALLACE 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased MARCH 25 1901
 (Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation LABOR

11. Industry or business SERVICE BOX CO.

MOTHER FATHER
 { 12. Name RICHARD WALLACE
 { 13. Birthplace KELAND MISS.
 { 14. Maiden name DOLORE HOLMES
 { 15. Birthplace KELAND MISS.

16. (a) Informant's own signature R. S. Holmer
 (b) Address SCOTT & MONROE

17. (a) BURIAL (b) Date thereof 11/17-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director James C. Patten
 (b) Address 3030 Bell Ave

19. (a) NOV 17 1943 (b) E. G. Mc Gowan M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Kimbook, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. Scott & Monroe
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? U.S.A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 10
 year 1943 hour 2 P.M. minute 30 P.M.

21. I hereby certify that I attended the deceased from OCT 15
 1943 to Nov 9 1943
 that I last saw him alive on Nov 9 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis of cardiac vascular system Duration 10 yrs

Due to Spontane y Pulledan

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations none
 Of autopsy none
 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? _____ (c) Means of injury _____

28. Signature George H. Hannon (M. D. or other)
 Address 57 Jackson Co. Hosp. Date signed 10-12-43

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

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.

DEC 1 1949

NOV 22 1949

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2118*

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, above space should be left blank.