

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22046**
Registrar's No. **1246**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6576**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2511 E Milton		d. STREET ADDRESS (If rural, give location) 2511 E Milton	

3. NAME OF DECEASED (Type or Print)
a. (First) **Edith** b. (Middle) **Wallace** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **May 19 1949**

5. SEX **Fe** 6. COLOR OR RACE **Wh** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **Feb 4 1884** 9. AGE (In years last birthday) **65** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Saleslady** 10b. KIND OF BUSINESS OR INDUSTRY **Publishing** 11. BIRTHPLACE (State or foreign country) **Dunklin Co Mo** 12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **W H Wallace** 13b. MOTHER'S MAIDEN NAME **Cornelia W Sinclair** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **----** 17. INFORMANT'S SIGNATURE OR NAME **Mrs Ralph Houlihan** ADDRESS **2511 E Milton**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **carbon monoxide poisoning -**
ANTECEDENT CAUSES **suffered while sitting in front of partly opened oven door of gas stove with burners turned on but not ignited.**
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **28900178**
15 14 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Overland, St. Louis, Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **5 19 49 P.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **as above**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Arnold J. Willmann Coroner** 23b. ADDRESS **Clayton, Mo.** 23c. DATE SIGNED **5/20/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **5/20/49** 24c. NAME OF CEMETERY OR CREMATORY **Kennett Mo** 24d. LOCATION (City, town, or county) (State) **Kennett Mo**

DATE REC'D BY LOCAL REG. **5/23/49** REGISTRAR'S SIGNATURE **Arnold J. Willmann** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Ortmann Funeral Home 9222 Lackland Overland Mo**

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Al C Ostmann

Licensed Embalmer No. 3478

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.