

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39551

63 State File No. 6070 Registrar's No. 4307

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6070</u>		Registrar's No. <u>4307</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>High Ridge</u>		50	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. # 1 House Springs, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William A. Wallach, Jr.</u>		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb. 11, 1912</u>		9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 1 YEAR Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Excavating</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Wallach</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Everard</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>World War #2 498-05-3835</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Wallach, High Ridge, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>intracranial hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>basal skull fracture</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u> <u>18 hrs.</u> <u>1/2 x 16</u> <u>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pile 4</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIWAY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>High Ridge, St. Louis, Mo.</u>		21d. HOW DID INJURY OCCUR? <u>AUTO COLLISION</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-31-49 6:00 A.M.</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>10-31-1949</u> to <u>11-1-1949</u> , that I last saw the deceased alive on <u>11-1-1949</u> and that death occurred at <u>3:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Russell P. Herdner (M.D.)</u>				23b. ADDRESS <u>601 Brentwood Clayton</u>		23c. DATE SIGNED <u>11-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Martins Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>High Ridge, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-2-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Womack</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>			
				ADDRESS <u>Fenton, Mo.</u>			

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

MAR 19 1961

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 William V. Pfleger

Licensed Embalmer No. 4316

P. O. Address Kirkwood, 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.