

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32223

FILED OCT 5 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3286

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Normandy	c. LENGTH OF STAY (In this place) Unknown	c. CITY OR TOWN Normandy 4161	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2818 Colonial Avenue		d. STREET ADDRESS (If rural, give location) 2818 Colonial Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Nannie b. (Middle) _____ c. (Last) Wallace			4. DATE OF DEATH (Month) (Day) (Year) Sept. 28th, 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 11th, 1879		9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Randolph County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Christy		13b. MOTHER'S MAIDEN NAME May Ryals		14. NAME OF HUSBAND OR WIFE William D. Wallace	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Unknown Mrs. Roger Skinner, 2818 Colonial Avenue			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Coronary Thrombosis 30 min ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia 260x			INTERVAL BETWEEN ONSET AND DEATH Unknown 20 yrs Unknown
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **Aug 15, 1951** to **Sept 28, 1951**, that I last saw the deceased alive on **Sept 27, 1951**, and that death occurred at **5:15P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Rush McAdam M.D.		23b. ADDRESS 906 Olive St. Louis, Mo.	23c. DATE SIGNED 9-29-51
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal - Motor	24b. DATE 4/9/29/51	24c. NAME OF CEMETERY OR CREMATORY Huntsville Mo. Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri	
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DATE REC'D BY LOCAL REG. 9-29-51	REGISTRAR'S SIGNATURE Hubert R. Donke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walvin F. Feutz, 4828 Natural Bridge Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4001

Dr. C. Rush Mc Adam
Trisco Bldg.
until 10:00 am
Dec. 1918

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Ralph C. Tridner

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, 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.