

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29182

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6074</u>		Registrar's No. <u>264</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Francois 0940</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>		c. LENGTH OF STAY (In this place) <u>52 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Desloge</u>		OR TOWN <u>Desloge</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>604 North Main</u>				d. STREET ADDRESS (If rural, give location) <u>604 North Main</u>					
3. NAME OF DECEASED (Type or Print) <u>Julia Birdie</u>			a. (First)		b. (Middle)		c. (Last) <u>Wallace</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 11, 1881</u>	
9. AGE (In years last birthday) <u>71</u>		OF UNDER 1 YEAR Months <u>7</u>		OF UNDER 24 HRS. Days <u>5</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>sym. home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francois Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME <u>James Herod</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Hall</u>	
14. NAME OF HUSBAND OR WIFE <u>George Wallace</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Glenwood Wallace</u> ADDRESS <u>Desloge, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Brain</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 Mo</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Breast</u>				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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		170X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May, 1950</u> to <u>Aug 16, 1952</u> , that I last saw the deceased alive on <u>Aug 16, 1952</u> and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. P. Gauger M.D.</u> (Degree or title)				23b. ADDRESS <u>Desloge Mo</u>				23c. DATE SIGNED <u>8-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Neo. Dr.</u>		24d. LOCATION (City, town, or county) (State) <u>Near Desloge, MO.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Esther Reddy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. BOYER & SON</u> ADDRESS <u>DESLOGE, MO.</u>					

(Licensed Emballer's Statement on Reverse Side)

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 *C. T. Boyer*

Licensed Embalmer No. *3665*

P. O. Address *Desloge 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.