

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40833

State File No. ....

FILED DEC 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10096

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>21 718 N. Compton Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 718 N. Compton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Wallace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-52</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-2-1896</u>
9. AGE (In years last birthday) <u>56</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 _____
11. BIRTHPLACE (State or foreign country) <u>Hellena Ark. A</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Milanda Calwell</u>	14. NAME OF HUSBAND OR WIFE <u>Earnest Wallace</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earnest Wallace 718 N. Compton Blvd</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) <u>Pulmonary Tuberculosis</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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>002X</u>

22. I hereby certify that I attended the deceased from 19 11 to 19 11, that I last saw the deceased alive on 19 11, and that death occurred at 10:28 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Patrick E. Raylin Corson</u>	23b. ADDRESS <u>1500 Clark</u>	23c. DATE SIGNED <u>11-3-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>11-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hagell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holly Grove Ark.</u>
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DATE REC'D BY LOCAL REP. <u>NOV 3 1952</u>	REGISTRAR'S SIGNATURE <u>J. Calhoun</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. B. Gushow 2930 Dickson St.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

To Registrar

**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 Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 4524 Alden

**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.