No. 300
10.48

XC 4 691 801
Reg. 6137 SL 2377

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20472
Registrar's No. 5235

BIRTH NO. FILED JUN 30 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 N Grand St. Louis 6, Mo.
c. LENGTH OF STAY (In this place) 143 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Ballwin
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) HOWARD
b. (Middle) L
c. (Last) WALLACE

4. DATE OF DEATH (Month) (Day) (Year) 6-16-55

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-29-1900
9. AGE (In years last birthday) 54 yrs. 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) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Wallace
13b. MOTHER'S MAIDEN NAME Minnie Van Leuven
14. NAME OF HUSBAND OR WIFE Charlotte Wallace
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. 493055519
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS DUE TO CARCINOMA RIGHT LUNG WITH WIDESPREAD METASTASIS. — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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
20. AUTOPSY? YES [X] NO [ ]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 162 X

22. *I hereby certify that I attended the deceased from* 1-24, 1955, *to* 6-16-, 1955, *that I last saw the deceased alive on* [illegible] *and that death occurred at* 2:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE ERWIN M. JANZEN (Degree or title) M.D.
23b. ADDRESS VAH, St. Louis 6, Missouri
23c. DATE SIGNED 6-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 6-17-55
24c. NAME OF CEMETERY OR CREMATORY Unk.
24d. LOCATION (City, town, or county) (State) Wellsville, Mo.

DATE REC'D BY LOCAL REG. JUN 17 1955
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home **ADDRESS** 6322 S. Grand Blvd., St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 30 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: Hadley R. Fuller Jr

Licensed Embalmer No. 495

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.