

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15109**

FILED APR 27 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1008**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glendale		c. CITY OR TOWN Glendale ⁴⁶⁵⁷	
c. LENGTH OF STAY (in this place) 3 MOB.		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 712 Luckystone			
e. STREET ADDRESS (If rural, give location) 712 Luckystone			

3. NAME OF DECEASED (Type or Print) a. (First) Eugene b. (Middle) Guy c. (Last) Wallis			4. DATE OF DEATH (Month) (Day) (Year) Apr. 16, 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Aug. 13, 1886		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Wallis		13b. MOTHER'S MAIDEN NAME Sabrina Dawson		14. NAME OF HUSBAND OR WIFE Thelma Wallis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -unk-		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thelma Wallis 712 Luckystone	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Thrombosis		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH. Several days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		Several years	
		DUE TO (c) Thromboplegia		8 weeks	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Hemiplegia			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Glendale		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis MO	
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? cr	

22. I hereby certify that I attended the deceased from **March 1, 1956**, to **4/16, 1956**, that I last saw the deceased alive on **4/13, 1956**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert R. Donahue M.D.		23b. ADDRESS 501 Bacon Street		23c. DATE SIGNED 4/17/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/19/56		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
		24d. LOCATION (City, town, or county) (State) St Louis County Mo			

DATE REC'D BY LOCAL REG. 4-19-56		REGISTRAR'S SIGNATURE Herbert R. Donahue M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois	
---	--	--	--	--	--

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.....
Signature of Student Embalmer

Signed..... *Donald E. Berry*

Licensed Embalmer No. *486*

P. O. Address *7027*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**