

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25305

FILED JUL 20 1956

State File No. 5861
 Registrar's No. 5861

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>5861</u>	
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. LENGTH OF STAY (In this place township) <u>2yrs. 9months</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>				e. STREET ADDRESS (If rural, give location) <u>12 5255 Enright</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo</u>		b. (Middle) _____		c. (Last) <u>Wallace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 25 56</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>1-8-50</u>	
9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR Days <u>4</u>		IF UNDER 2 HRS. Hours <u>17</u> Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Alfonzo Wallace</u>			13b. MOTHER'S MAIDEN NAME <u>Earline Wallace Poage</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary D. Jett</u> ADDRESS <u>2601 N. Whittier</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Viral Pneumonia</u> 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. <u>Parenteral Diarrhea</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>492x</u>		21f. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>9-29-1953</u> , to <u>5-25-1956</u> , that I last saw the deceased alive on <u>5-25-1956</u> , and that death occurred at <u>2:10a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Helen Nash M. D.</u>			23b. ADDRESS <u>2601 N. Whittier</u>			23c. DATE SIGNED <u>6-6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>6-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Vault</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL JUN 21 1956		REGISTRAR'S SIGNATURE <u>Earl Smith mo</u>		25. SIGNATURE OF EMBALMER <u>Howard Akers Mortuary Service</u> ADDRESS <u>4104 Manchester Ave.</u>			

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.....

Licensed Embalmer No.....

P. O. Address

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.