

Health,  
Welfare  
Public  
Service

300  
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

26668  
STATE FILE NUMBER 5632

Registration District No. 318 Primary Registration District No. Registrar's No.

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis                           |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |  | c. CITY OR TOWN Clayton 4442   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital   |  | Length of stay in lb   |  |
| 3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last WALLACE   |  | 4. DATE OF DEATH Month June Day 17th Year 1957   |  |
| 5. SEX female   | 6. COLOR OR RACE white   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 23, 1889   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home   |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday) 67   |
| 13. FATHER'S NAME Dan Jenkins   |  | 11. BIRTHPLACE (City and state or country) Jackson, Ohio   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  |  | 16. SOCIAL SECURITY NO. no   |  |
| 17. INFORMANT Edward J. Wallace, 7749 Kingsbury   |  | Address  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Carcinoma, heady process   |  |  | INTERVAL BETWEEN ONSET AND DEATH 4 mo  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |  |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE   |
| 21. I attended the deceased from Feb 11, 1957 to June 17, 1957 and last saw her alive on June 16, 1957. Death occurred at 2341-1st m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |
| 22a. SIGNATURE Sam J. Dean MD (Degree or title)   |  | 22b. ADDRESS 35 No Central - 5 -   | 22c. DATE SIGNED 6/17/57   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal   | 23b. DATE 6-18-57  | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum   | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.                            |
| 24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar  |  | 25. DATE RECD. BY LOCAL REG. JUN 17 57   | 26. REGISTRAR'S SIGNATURE J. Earl Smith MD   |

(Licensed Embalmer's Statement on Reverse Side)

G.P.

Dr. Jim Dean  
35 N. Central Avenue  
after 12 P.M.

7291. 11 20  
10 11 1924

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 *Arnold W. Schoen* .....

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.