

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003602

STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 901**

300
1-57
36
71

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Granite City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's		Length of stay in lb 10 Days	d. STREET ADDRESS (If outside, give location) 2715 Iowa Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Robert Douglas Wallace			4. DATE OF DEATH Month Day Year January 26, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/16/59
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Granite City, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Lonnie Wallace	
13b. MOTHER'S MAIDEN NAME Shirley Winters		14. NAME OF HUSBAND OR WIFE never married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address EM Orsedh-St. Louis Children's Hospital
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypo adrenalism DUE TO (b) Adrenal hemorrhage & necrosis DUE TO (c) Traumatic delivery PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hyperinsulinism, etiol. undet. ? diabetic mother			INTERVAL BETWEEN ONSET AND DEATH 10 da. 10 da. 10 da.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 Jan. 16, 1959 to Jan. 26, 1959 and last saw her alive on Jan. 26, 1959 Death occurred at 4:25pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard Harty M.D.		22b. ADDRESS 500 South Kingshighway Blvd.	22c. DATE SIGNED 1/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-27-59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) GRANITE CITY ILL.
24. FUNERAL DIRECTOR Henry J. Rippe ADDRESS GRANITE CITY ILL.		25. DATE RECD. BY LOCAL REG. JAN 27 '59	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M. J. B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 NOT EMBALMED, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Henry J. Biese

Licensed Embalmer No.
P. O. Address Granite City

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.