

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3120

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
City Hospital #2

File No.
Registered No. 611
St. Ward)

2. FULL NAME

(a) Residence. No. 1519 O'Fallon St., 25 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan. 29 1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, — hrs. or — min.

7

11

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Child 180

(b) General nature of industry, business, or establishment in which employed (or employer).

School

(c) Name of employer

St. Louis

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Clem Wallace

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Virginia

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Emma Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Fayetteville

(STATE OR COUNTRY)

Arkansas

14.

INFORMANT

(Address)

Emma Wallace
1519 O'Fallon St

15.

FILED

Jan 19 1933
Max C. Parker

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 16 1930

17. No Physician in Attendance

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

that I last saw h..... alive on....., 19....., and that

death occurred, on the date stated above, at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:

Shock & Burns (1st & 2nd degree)
due to clothing becoming
ignited from burning matches
at residence 1/14/30

CONTRIBUTORY (SECONDARY)

(No Burning Building)
Accident

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) John J. Hurley M.D.

1/19, 1930 Address Deputy Coroner

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Father Dickson Cem.

Jan 20 1930

20. UNDERTAKER

ADDRESS

Metropolitan Funeral Home 2915 Franklin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

