

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

Do not use this space.

6422

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1093**
City..... **St. Louis** (No. **4532**) **Harris Ave**

File No.
Registered No. **1211**
St. Ward)

2. FULL NAME

(a) Residence. No. **4532 Harris Ave** St. **10** Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED MUSBAND OF (OR) WIFE OF **Caroline Wallace (Steinmyer)**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 15, 1873**
7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min. **57 5 27**
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Secretary**
(b) General nature of industry, business, or establishment in which employed (or employer) **Missouri Valley Trust Co.**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**

PARENTS
10. NAME OF FATHER **Alexander Wallace**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**
12. MAIDEN NAME OF MOTHER **Elizabeth Wind**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**

14. INFORMANT **Mrs. Caroline Wallace**
(Address) **4532 Harris Ave.**

15. FILED **FILED - 5 1930**
REGISTRAR **Wm. C. Howell**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 3 1930**
17. **Physician in attendance**
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 **3:30 P.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Sclerosis
945
97 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **General Arteriosclerosis**
Sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? **Yes**
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **John H. Murray** M.D.
715 19 **20** (Address) **1250 E. Locust**

*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 **Friedens** DATE OF BURIAL **Feb. 5 1930**

20. UNDERTAKER **Wm. H. Hermann and Son** ADDRESS **2161 E. Fairview**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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