

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

Do not use this space.

2271

1. PLACE OF DEATH

County S.T. Louis Registration District No. 289
 Township Central Primary Registration District No. 6923B
 City (No. 6203, Cote Brillante St. _____ Ward) _____

2. FULL NAME

Samuel Wm Wallis
 (a) Residence, No. 6203 Cote Brillante St. _____ Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sophia S. Wallis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 30, 1845</u>		
7. AGE <u>86</u>	YEARS <u>11</u>	MONTHS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>		11. Total time (years) spent in this occupation <u>20.</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Building</u>		
10. Date deceased last worked at this occupation (month and year) <u>6-1906</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>E dwydenville Illinois - 2</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs Sophia S. Wallis 3006 Woodson Ad.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>National Cemetery</u> DATE <u>Jan 30</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Shepard Funeral Home 1167-69 Hamilton ave</u>		
20. FILED <u>1-29-</u> 19 <u>32</u> <u>John Grey-M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1932

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Med. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (5)
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) John O. Connell M. D.
 (Address) Lawson St. Louis Co.

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.

FEB 25 1932

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