

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

Do not use this space.

14757

**1. PLACE OF DEATH**

County ..... Registration District No. 701  
 Township ..... Primary Registration District No. 218  
 City St. Louis (No. 2602<sup>a</sup> Thomas St. 21 Ward)

File No. ....  
 Registered No. 4155  
 St. .... Ward)

**2. FULL NAME**

(a) Residence (No. 2602<sup>a</sup> Thomas St. 21 Ward. (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to April 24, 1932  
 I last saw him alive on April 24, 1932 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8-1858

to have occurred on the date stated above, at 11:04 a.m.  
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 5 17

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Myocarditis Chronic  
and  
Atherosclerosis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

132  
97  
160

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:  
Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

13. NAME Charles Wallace

Name of operation ..... Date of .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

What test confirmed diagnosis? ..... Was there an autopsy? .....

15. MAIDEN NAME Rhauiter Wallace

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

Where did injury occur? ..... (Specify city or town, county, and State)

17. INFORMANT Emma Wallace (ADDRESS) 2602<sup>a</sup> Thomas

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 4-28, 1932

Manner of injury .....

19. UNDERTAKER EMENT - SON (ADDRESS) 2700 Wash St

Nature of injury .....

20. FILED 26 1932 W. J. Barker Registrar

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. L. Fearn, M. D.

(Address) 2738 Dickson

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.

