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.

NOV 13 1935

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

Do not use this space.

34812

File No.

Registered No. 217

1. PLACE OF DEATH

County St Louis Registration District No. 1170

Township Central Primary Registration District No. 6248H

City Richmond Heights (Institution) St Mary's Hospital St. Ward)

2. FULL NAME Wallace B Candle

(a) Residence, No. St., Ward. Imperial Mo (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 HUSBAND OF (OR) WIFE OF Augusta Candle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1896

7. AGE: Years 39 Months 4 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellis Grove, Ill

FATHER

13. NAME Wm Candle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palestine Ill.

MOTHER

15. MAIDEN NAME Evelyn Leavitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellis Grove, Ill

17. INFORMANT (ADDRESS) Mrs Wallace Candle

18. BURIAL, CREMATION, OR REMOVAL PLACE Imperial Mo DATE Oct 23 1935

19. UNDERTAKER (ADDRESS) Fred Heifigtag Funeral Home Imperial Mo

20. FILED Oct 22 1935 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1935, to Oct 20 1935

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11:21 p.m.

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

	Date of onset
Cerebral Hemorrhage and Trauma of base of brain	
Other contributory causes of importance: Fracture of skull mastoid	2 hr

Name of operation Laughlin Date of Oct 19 1935

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide or homicide? Accident Date of injury Oct 18 1935

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

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

Manner of injury Was struck by truck

Nature of injury abrasions

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. E. Barnett M. D.

(Address) 209 Lockwood Webster Groves Mo

Charles E Sherwood 3220 Washington St Louis Mo

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

Do not use this space.

File No. .....

Registered No. .....

Registration District No. .....

Primary Registration District No. .....

1. PLACE OF DEATH

County .....

Township .....

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME .....

(a) Residence, No. ..... 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

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

7. AGE — YEARS — MONTHS — DAYS — If less than 1 day, hrs. or min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT .....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE 19

19. UNDERTAKER .....
(ADDRESS)

20. FILED ..... , 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ..... , 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 ..... Death is said to have occurred on the date stated above, at ..... m.

Last saw h.. alive on ..... , 19 .....

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

	Date of onset

Other contributory causes of importance:

.....
.....
.....

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

Was a post-mortem examination made? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

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

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

Nature of injury .....

Industry of injury .....

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

If so, specify .....

(Signed) ..... , M. D.

(Address) .....

By a motor truck driven by a negro, while crossing the intersection of Grand and Lucas streets, Kansas City, Mo. Deceased was a pedestrian. Negro driver left the scene of the accident. Negro driver held by police.

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N. B.—Every item of information should be carefully designed. AGE should be stated exactly. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be readily classified. Exact statement to CONDITION is very important.