MAY 7 1937

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

Do not use this space.

14745

791

1008

File No.

Registered No. 4241

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. St. Lukes Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME William W. Wallace

(a) Residence, No. 5551a Cabanne Avenue St., 5 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: 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: Laura Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 28th, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	1	25	

OCCUPATION

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

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

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) Ohio

FATHER

13. NAME John R. Wallace

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

MOTHER

15. MAIDEN NAME Anna Dickason

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

17. INFORMANT (ADDRESS) Laura Wallace 5551a Cabanne Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE April 25 1937

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED APR 24 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937, to April 23, 1937

I last saw him alive on April 23, 1937. Death is said to have occurred on the date stated above, at 8 11 A.m.

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

	Date of onset
Arteriosclerotic heart disease	?
Chronic nephritis	

Other contributory causes of importance: 131

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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

Nature of injury

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

If so, specify

(Signed) Bruce Kenamore, M. D.

(Address) 5535 Delmar Blvd.

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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.

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