

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County Saint Louis
Township C
City Jefferson Barracks (No. V.A. 7)

Registration District No. 1123
Primary Registration District No. 6248B

File No. 17629
Registered No. 188

2. FULL NAME William A. WALLACE

(a) Residence, No. 923a Mount Street St. Unkn. Ward. Saint Louis, Missouri.
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 24, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
39 4 4

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

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

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) Bowling Green, Kentucky

13. NAME James Wallace

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

15. MAIDEN NAME Georgia Daniels

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

17. INFORMANT Clinical Clerk M. Schellig
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL Natl. Cemetery, Memphis Tenn 5-5 1937

19. UNDERTAKER Jas. H. Randle & Son
(ADDRESS) 920 No. Leonard Avenue

20. FILED May 3 1937 A. Mowrey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1937

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1936, to April 28, 1937

I last saw him alive on April 28, 1937. Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Septicemia following cellulitis
left knee and left lower ex-
tremity. Unkn.

Other contributory causes of importance:
Pneumonia, bronchial Unkn.

Name of operation Incision & Drainage left knee
by Clinical Mani. and Laboratory Date of 4-21-37
What test confirmed diagnosis? NO Was there an autopsy? NO

28. 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?
If so, specify Club Injury

(Signed) C. H. HUGHES, Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, Mo.

Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH

County St. Louis
Township Carondelet
City (No. _____) _____

Registration District No. 1123
Primary Registration District No. 6248B

File No. 17629
Registered No. 180
St. _____ Ward _____

2. FULL NAME

William a Wallace

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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.
39 4 4

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)

13. NAME

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1937

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I first saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Septicemia of following
Cellulitis left knee
left knee
Arthritis, acute, suppurative, left knee, with Cellulitis and Septicemia 3 wks

Other contributory causes of importance:

Pneumonia, bronchial, acute 4 days

1070 of left knee
Name of operation Incision & drainage Date of 4-21-37
Phy exam clin. manif. wound
What test confirmed diagnosis? _____ 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 _____

Nature of injury _____

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

If so, specify _____

(Signed) E. W. Hughes Chas. D. [unclear]
Chas. D. [unclear]
Chas. D. [unclear]

5-17629

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