

JAN 10 1938

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

42929✓

Do not use this space.

11179

## 1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis  
(e) Length of residence in city or town where death occurred

Registration District No. ....

Primary Registration District No. ....

(d) Street No. 2826 Stoddard St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds. yrs. mos. ds.

2. PRINT FULL NAME Jennie Wallace

(a) Residence, No. 2826 Stoddard St. 21  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
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 John Wallace  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
Abt. 61  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation 2 1/2

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

13. NAME Unknown

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

15. MAIDEN NAME Jane Crockett

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

17. INFORMANT Mattie Walker  
(ADDRESS) 2826 Stoddard St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Little Rock, Ark. DATE 12/4 1937

19. FUNERAL DIRECTOR C. W. Roberts  
(ADDRESS) 3035 Lucas Ave.

20. F. B. DEC 4 1937 J. Briedeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1937, to Dec 2 1937

I last saw him alive on Nov 30 1937 Death is said to have occurred on the date stated above, at 6:30 a. m.

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

Pneumonia Date of onset

Chronic myocarditis

Other contributory causes of importance: 93C

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

What test confirmed diagnosis? clin 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? no

If so, specify no

(Signed) W. A. Mueller M. D.

(Address) 2335 Franklin

STATEMENT BY LICENSED EMBALMER

I, R. H. Powell, Licensed Embalmer No. 3402

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

R. H. Powell

Licensed Embalmer No. 3402

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**