

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH338
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791 1**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5074 Waterman Ave.** Registered No. **194**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lewis J. Wallace 420**

(a) Residence, No. **5074 Waterman Ave.** St. **12**
 (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 **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 **Florence Wallace**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 13, 1878**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
59 2 22
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Manager, U.S.**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Leather Selling**
 10. Date deceased last worked at this occupation (month and year) **Corp.** 11. Total time (years) spent in this occupation

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

13. NAME **John Wallace**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

15. MAIDEN NAME **Elizabeth Gilmore**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

17. INFORMANT **Mrs. Florence Wallace**
 (ADDRESS) **5074 Waterman Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SUNSET BURIAL PK.** DATE **1-7-1938**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt. Co.**
 (ADDRESS) **3840 Lindell Blvd.**

20. FILED **JAN 6 1938** 19 **J. Briedeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 5, 1938** 19

22. I, HEREBY CERTIFY, That I attended deceased from **Oct. 2, 1937** to **Jan. 5, 1938**
 I last saw him alive on **Jan. 5, 1938**. Death is said to have occurred on the date stated above, at **7:30 PM.**
 The principal cause of death and related causes of importance were as follows:

Coronary Heart Failure, caused by hypertension. No other heart disease.
 Date of onset **10/1/37**

Other contributory causes of importance:

Hypertension.
 Name of operation Date of
 What test confirmed diagnosis **hypertension** as 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 (Signed) **David B. Harvey** M. D.
 (Address) **401 Humboldt Bldg.**

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No. 2868

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Stanley Marchlewski

Licensed Embalmer No.

2868

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.)