REC'D MAR 24 1938

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

8207
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township Saint Ferdinand
(c) City Florissant Mo
Registration District No. 96
Primary Registration District No.
Registered No. 400
(d) Street No. Roural Route #2, Florissant Missouri St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Edward Rudolph Wallace 420
(a) Residence, No. Route #2 Florisant Missouri St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febuary 22-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	9	

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

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

FATHER
13. NAME Charles Wallace
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Hoeffensteder
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Alma Wallace
(ADDRESS) Route #2, Florissant, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 3-7-38. 19

19. FUNERAL DIRECTOR Albert H. Hoppe
(ADDRESS) 429 No. Euclid Ave.

20. FILED 3-4 1938 T. R. Meyer M.D. D.P.H.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1937, to March 3 1938
I last saw him alive on March 3 1938. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
121	
Other contributory causes of importance: Uremia	

Name of operation Date of
What test confirmed diagnosis? 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
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 No
(Signed) L. C. Ahrens, M. D.
(Address) Florissant, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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 Gilbert E. Klappa

Licensed Embalmer No. 2971

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