

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20648

Do not use this space.

5787

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis, Mo. (d) Street No. Missouri Pacific Hospital 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 26 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John W. Wallace 450
 (a) Residence, No. 3929 North 20 St. St. 26
 (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 Husband of Lula Wallace
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10th 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
50 6 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Leverman
 9. Industry or business in which work was done, as saw mill, bank, etc. terminal R.R. Assn.
 10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (CITY OR TOWN) Shoals
 (STATE OR COUNTRY) Indiana

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

MOTHER 15. MAIDEN NAME Ida Feltenbarger
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Lula Wallace
 (ADDRESS) 3929 N. 20th St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove Cem DATE June 28th 1938

19. FUNERAL DIRECTOR (NAME) Ched Meyer & Sons
 (ADDRESS) 3934 N. 20th St.

20. FILED JUN 27 1938 J. P. Bredek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25 1938 to June 26 1938

I last saw him alive on June 25 1938. Death is said to have occurred on the date stated above, at 3:35 A.m.

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

Cerebral Hemorrhage
Hypertension

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Clinical 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

(Signed) David A. Goldman M.D.

(Address) Missouri Pacific Hospital

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Geo. P. Schubert

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Geo. P. Schubert

Licensed Embalmer No. *2212*

P. O. Address *5118th N. Kingshighway*

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.)

If this body is not embalmed, above space should be left blank.