JUL 27 1938
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REC'D AUG 9 1938

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

26518
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township Suicide by firearms Clayton Primary Registration District No. 115
(c) City University City (d) Street No. Registered No. 1267 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 30 yrs. mos. ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James W. Wallace 420
(a) Residence, No. 461 Hanley, Rd. 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 Cordelia Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16/1875.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sec. & Treasurer
9. Industry or business in which work was done, as saw mill, bank, etc. of Union
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville Tenn.

FATHER
13. NAME James W. Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville Tenn.

MOTHER
15. MAIDEN NAME Mary White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville Tenn.

17. INFORMANT William H. Wallace
(ADDRESS) 5316 Pershing, Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Murphysboro, Ill. DATE July 29/ 1938.

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc.
(ADDRESS) 429 N. Euclid, Ave.

20. FILED JUL 27 1938 G.K. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3.30PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by firearms	7/26/38

Other contributory causes of importance:

Gun shot wound of head.	7/26/38

Name of operation ..... Date of .....
What test confirmed diagnosis physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide. Date of injury 7/26, 1938
Where did injury occur? University City, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Suicide by fire arms
Nature of injury G/S Wound of head.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) John O'Connell Coroner of St. Louis County, Mo. M.D.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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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, ...

....., or by .....,

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

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.