

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.

REC'D FEB 10 1939

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

791  
1003

705  
Do not use this space.

705

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City St Louis ..... (d) Street No. 2601 No. Whittier Hamer Phillips 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2842 Gamble St. 21 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Jennie Wallace  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 1878  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
61 0 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
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) Tate Co. (STATE OR COUNTRY) Miss

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

MOTHER 15. MAIDEN NAME Martha Broden ?  
16. BIRTHPLACE (CITY OR TOWN) Unknown ? (STATE OR COUNTRY) ?

17. INFORMANT Elmer Harris (ADDRESS) 2828 Stoddard

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Rock Ark DATE 1-23 1939

19. FUNERAL DIRECTOR (NAME) Ellis Funeral Home (ADDRESS) 2820 Stoddard St

20. FILED Jan 23 1939 J. B. Brudick Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21st 1939

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 8:55 m. AM  
The principal cause of death and related causes of importance were as follows:

Bronchial Asthma;  
Arterio Sclerosis.

Other contributory causes of importance: PM

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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..... see above  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 21  
If so, specify.....  
(Signed) W. H. Perry M. D.  
(Address) Republic Coroner

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

Licensed Embalmer No. ....

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.**