REC'D MAY 10 1939

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

791

13335

Do not use this space.

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 3677

(c) City St. Louis - Mo. 1 (d) Street No. 500 S. Kings highway 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 420 Norman Wallace

(a) Residence, No. 2812a Clark St. 22
(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: M
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-30-39

7. AGE — YEARS: — MONTHS: 2 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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) (STATE OR COUNTRY): St. Louis

FATHER
13. NAME: Harold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER
15. MAIDEN NAME: Lulu Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

17. INFORMANT (ADDRESS): M. E. Matthews 500 S.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood Cem. DATE: April 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): F. A. Green 2915 Franklin ave.

20. FILED APR 20 1939 19 J. D. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-13/39, 19..., to 4-18, 1939

I last saw h. 1 m. alive on 4-18, 1939. Death is said to have occurred on the date stated above, at 2 00 p.m.

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

Bronchopneumonia — Date of onset: 4-13-39

J. H.

Other contributory causes of importance: Congenital Syphilis

Name of operation: none Date of

What test confirmed diagnosis? Wassermann Was there an autopsy? yes

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
(Signed) R. J. Blattner, M. D.
(Address) 500 So. Kingshighway

(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.

1 X14028

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.