

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 I 11951 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. PLACE OF DEATH:

(a) County 1
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Francis Desloge
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME Stillborn (Baby Wallace) **(430)**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** W **6. (a) Single, widowed, married, divorced** _____

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased November 22, 1939
 (Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		—	—	—	— hr. — min.

9. Birthplace St. Louis MO
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { **12. Name** Charles Wallace
18. Birthplace Bismarck MO
 (City, town, or county) (State or foreign country)
14. Maiden name Leora Brooks
15. Birthplace Kredexicktown MO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leora Wallace
(b) Address 2857 Henrietta Ave, St. Louis
Burial

17. (a) _____ **(b) Date thereof** 11/24/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director E. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) NOV 24 1939 **(b)** J. B. [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County L
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2857 Henrietta St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
 year 1939 hour 9 minute 01 p M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw him alive on St. Louis Nov. 22, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>still born pulled a</u> <u>physician</u>	
Due to _____	
Due to _____	
Other conditions (include pregnancy within 3 months of death)	

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

28. Signature A. P. [Signature] (M. D. or other) _____
 Address 1325 S. [Signature] Date signed 11/23/39

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.....

L. R. Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

2317 Lafayette

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.