

NOV 16 1940 **791**

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **8184**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution ISOLATION HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 mo. 13 da.
 (Specify whether)
 In this community Life
 years, months or days)

8. (a) PRINT FULL NAME Lulu Wallace

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Harold Wallace 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased July, 11, 1916.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 2 17 hr. min.

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

10. Usual occupation Cook

11. Industry or business _____

12. Name James Nelson

13. Birthplace Miss.
 (City, town, or county) (State or foreign country)

14. Maiden name Ada Watt

15. Birthplace Miss.
 (City, town, or county) (State or foreign country)

16. (a) Informant B. Battenuth

(b) Address 5600 Arsenal St.

17. (a) Burial (b) Date thereof 10-2-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Chas. J. Davis

(b) Address 4107 Finney Ave. St. Louis, Mo.

19. (a) OCT 1 1940 (b) J. B. Battenuth
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2012a Clark Av.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
 year 1940 hour 12: minute 45 pm MT.

21. I hereby certify that I attended the deceased from March 15, 1940 to Sept. 28, 1940
 that I last saw her alive on Sept. 28, 1940
 and that death occurred on the day and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration _____

Due to _____

Due to _____

Other conditions Right pyopneumothorax
 (Include pregnancy within 4 months of death)

Major findings: Tuberculosis and initiation of
 Of operations _____

Of autopsy as given above

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 _____

23. Signature W. Maxwell (M. D. or other)

Address Isolation Hosp., St. Louis Date signed 9/29/40

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.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.