

Registration District No. 791

Primary Registration District No.

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

PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2339^a Eugenia St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community abt. 50 yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME Hillard Wallace
8. (b) If veteran, name war _____ 3. (c) Social Security No. unk

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucy Wallace 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years abt 69 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Owensboro Ky (City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Union Station

MOTHER { 12. Name unknown
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Lucy Wallace

(b) Address 2339 Eugenia

17. (a) Burial (b) Date thereof 10.17.40 (Month) (Day) (Year)

(c) Place: burial or cremation Certane mo

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney ave

19. (a) Oct 15 1940 (b) J. P. [Signature] (City, town, or county) (State or foreign country)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 22
(If outside city or town limits write "RURAL")
(d) Street No. 2339^a Eugenia (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 13
year 1940 hour 10 minute 50 a.m.

21. I hereby certify that I attended the deceased from 1935
_____, 19____, to Oct 9, 1940
that I last saw him alive on Oct 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure
Due to Arteriosclerotic heart disease
Due to _____

Other conditions (include pregnancy within 3 months of death) None

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 _____
23. Signature R. B. [Signature] (M. D. _____)
Address Mo. Pac. Hosp. Date signed Oct 14 1940

Duration

Rev. _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finn*

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.