

1940
Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2183

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
532 Holland Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community: about 15 years (Specify whether years, months or days) 7

8. (a) PRINT FULL NAME: Oscar Wallace

8. (b) If veteran, name war:

8. (c) Social Security No.: V

4. Sex: male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Sarah Jane

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

7. Birth date of deceased: April 26 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 19 If less than one day hr. _____ min.

9. Birthplace: Franklin Co - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER { 12. Name: John Huntley Wallace

13. Birthplace: Franklin Co - Mo
(City, town, or county) (State or foreign country)

14. Maiden name: not known

15. Birthplace: not known
(City, town, or county) (State or foreign country)

16. (a) Informant: Sarah Jane Wallace

(b) Address: 532 Holland Ave

17. (a) St. Clair (b) Date thereof: 11 19 1940
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Clair Mo.

18. (a) Signature of funeral director: [Signature]

(b) Address: 27 South Webster Groves

19. (a) NOV 19 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No.: 532 Holland Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day November
year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-18-40
11/15 1940 to 11/15 1940
that I last saw him alive on 11/15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: 131

Due to: _____

Other conditions: Chronic nephritis
(Include pregnancy within 8 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration - _____

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

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

(a) Accident, suicide, or homicide (specify) mur

(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: [Signature] (M. D. or other) 1

Address: 2432 [Address] Date signed _____

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 _____

Theodore J. Vandell

Registered Apprentice No. *262*

working under my personal supervision.

Signed _____

J. Lewis

Licensed Embalmer No. *2027*

P. O. Address _____

Hubster Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.