S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20211

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5023

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 62 days (Specify whether

In this community 5 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 1711 (If outside city or town limits, write "RURAL")

(d) Street No. 1714 Whittier 9 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Vivian Wallace

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex 3 Female

5. Color or race Col

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife Louis Wallace

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

7. Birth date of deceased Jan (Month) 19 (Day) 1920 (Year)

8. AGE: Years 20 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) / Tenn (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Curley Lee Lawson
13. Birthplace Optona (City, town, or county) / Miss (State or foreign country)

MOTHER
14. Maiden name Fanny Bartlett
15. Birthplace Macon (City, town, or county) / Miss (State or foreign country)

16. (a) Informant Ophelia Morris

(b) Address 1714a N Whittier St

17. (a) (Burial, cremation, or removal) (b) Date thereof 6 (Month) 25 (Day) 41 (Year)

(c) Place: burial or cremation Washington Pk

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Stoddard St

19. (a) JUN 19 1941 (Date received local registrar) (b) J. Budnick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1941 hour 8:15 minute P M.

21. I hereby certify that I attended the deceased from April 16, 1941 to June 17, 1941; that I last saw her alive on June 17, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	8-12 Mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward C. Adosh (M. D. or other)

Address 2601 N. Whittier Date signed 6/19/41

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.