

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town ST LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
0 ST. ANTHONY'S  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 DAY  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME BARBARA WALLACH3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife FRANK WALLACH 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased FEB. 2 - 1873  
(Month) (Day) (Year)8. AGE: Years 68 Months 4 Days 25 If less than one day hr. \_\_\_\_\_ min.9. Birthplace BOHEMIA  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE WIFE11. Industry or business OWN HOME12. Name JOHN KUTAK13. Birthplace BOHEMIA  
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN15. Birthplace BOHEMIA  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ed Wallach(b) Address Adair Hill Mo17. (a) Burial (b) Date thereof 6-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation HOUSE SPRINGS MO18. (a) Signature of funeral director W. J. Dredar(b) Address House Springs Mo19. JUN 28 1941 (b) W. J. Dredar  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. NEAR BYRNESVILLE Mo 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 60 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Pulmonary Congestion - Ectopic Anomalous During Surgical Operations - Cholecystectomy at St. Anthony's Hospital  
6/27/41

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ OF OPERATIONS \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of autopsy Bladder removed  
no evidence of tuberculosis  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)

23. Signature W. J. Dredar (M. D. or other) \_\_\_\_\_  
Address House Springs Mo Date signed 6/28/41

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**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 Howard F. Peeland

Licensed Embalmer No. 5114

P. O. Address St Louis Mo

**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.**