

No. 2
1-4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26320

FILED AUG 8 1941

Registration District No. 200

Primary Registration District No. 200

Registrar's No. 1509

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 1/7/41
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2927 Bell Avenue
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1941 hour 8:25 minute 2 M.

21. I hereby certify that I attended the deceased from
January 7, 1941 to July 16, 1941
that I last saw him in alive on July 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Nephritis, chronic, severe, with
nitrogen retention, edema and
anemia.

Duration
Unknown

Due to -

Due to -

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

Major findings:
Of operations -

Of autopsy No autopsy.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) no
(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 L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 7/16/41

3. (a) PRINT FULL NAME Arthur Wallace

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased October 16, 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Andrew Wallace

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

14. Maiden name Catherine (surname unknown)

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

16. (a) Informant Elmer Selonggi

(b) Address Actg. Clinical Clerk, VAF, Jeff. Bk. Mo.

17. (a) Burial (b) Date thereof 7-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Ball ave

19. (a) JUL 21 1941 (Date received local registrar)
(b) L. M. Cochran (Registrar's signature)
(c) 107 (Licensed Embalmers' Statement on Reverse Side)

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

6060

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.....

Licensed Embalmer No. *2698*

P. O. Address. *2769 ch...*

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, fact should be so stated above.