

STANDARD CERTIFICATE OF DEATH

State File No. 29970

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7309

FILLED OCT 18 1941

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: St. Marys Inf.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Mary Wallace

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Fem. 5. Color, or race Colored 6. (a) Single, widowed, married, divorced marr.
7. Birth date of deceased July 26th 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Campty La.
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

12. Name Alex Abron

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

14. Maiden name Unkn.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Jake Wallace

(b) Address 734 S 40 Street

17. (a) Removal (b) Date thereof 9/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director C. W. Nash

(b) Address 111 N. 13th. st. E. St. Lou.

19. (a) SEP 10 1941 (b) J. Bredick
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 734 South 40th. st.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th.
year 1941 hour 4:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from 9-1, 1941, to 9-10, 1941;
that I last saw him alive on 9-10 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myelogenous Leukemia
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Lucius J. Davis (M. D. or other) Luc. N
Address 1534 Papin St Date signed 9-10-41

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

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 not
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2432

P. O. Address 111 N. 13th St.

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.