

FILLED NOV 24 1941

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3955 West Pine Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3955 West Pine Bl.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Norris Wallace

3. (b) If veteran, name war World War 3. (c) Social Security No. 489-18-6006

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

6. (b) Name of husband or wife Jessie Wallace 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. 21 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 5
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Columbus Wallace

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

14. Maiden name Virginia Pentecost

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

16. (a) Informant Mrs. Melba Shapton

(b) Address 3955 Washington Ave. Bl.

17. (a) Burial (b) Date of removal Feb. 28
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collingwood Mo.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Bl.

19. (a) OCT 28 1941 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1941 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sepsis
arterio sclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) PH

Major findings: Of operations _____

Of autopsy 94%

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

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

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) _____ (Specify type of place) (Means of injury) _____

23. Signature Alfred Perry (M. D. or other) _____

Address Republic Date signed 10/27/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

AD

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 *John Ketter*
.....
Licensed Embalmer No. *2880*

P. O. Address.....

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.