

Registration District No.

Primary Registration District No.

Registrar's No.

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME John Wallace

3. (b) If veteran,
name war.

3. (c) Social Security

490-05-0391

4. Sex Male 5. Color or
race Negro

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

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

6. (c) Age of husband or wife if
alive 1891 years

7. Birth date of deceased. 1 5 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 12 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

12. Name Washington Wallace

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

14. Maiden name Ester Givens

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

16. (a) Informant Ella Wallace

(b) Address 4542 McMillan

17. (a) Burial (b) Date thereof 3/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem/

18. (a) Signature of funeral director. Russell Und., Co.

(b) Address 2732 Ping Street

19. (a) MAR 23 1942 (b) J. J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12. 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4542 McMillan
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19,
year 1942 hour 9 minute 59 P. M.

21. I hereby certify that I attended the deceased from March 17,
19 42 to March 19, 19 42
that I last saw him alive on March 19, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Uremia Duration Unknown

Due to Uremia from Hypertensive
Due to Heart

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93

Of autopsy 12

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)

(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 J. W. Johnson (M. D. or other)

Address 2601 Whittier Date signed 3/22/42

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.....

Joel Russell

Licensed Embalmer No. *4112*

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.