

Registration District No. 791

Primary Registration District 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:  
5825 West Park  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
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. 5825 West Park  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th  
year 1942 hour ? minute ? M.  
21. I hereby certify that I attended the deceased from May 15, 1941, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on June 6, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure Duration 5/15/41

Due to: Arteriosclerosis Heart Disease 5/15/41

Due to: Hypertension

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

Major findings:  
Of operations: None  
Of autopsy: None

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: J. J. Brudeck MD (M. D. or other) \_\_\_\_\_  
Address: 539 W. Grand Date signed: 6/19/42

3. (a) PRINT FULL NAME Wallace, Ida

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

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

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

7. Birth date of deceased: April 18 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Otto Renz

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

14. Maiden name Unk. Unk.

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

16. (a) Informant Oliver J. Wallace

(b) Address 5825 West Park

17. (a) Burial (b) Date thereof 6/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4799 Washington

19. (a) \_\_\_\_\_ (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

FILED JUL 12 1942

1005

JUN 22 1942

844

**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..... *Boj W Wilkinson*  
Licensed Embalmer No..... *3575*  
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.**