

JUL 20 1942 791

State File No. \_\_\_\_\_  
Registrar's No. **5751**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:** St Louis Mo.

(a) County St Louis.

(b) City or town St Louis.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital 0  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 12 hours  
10 months (Specify whether years, months or days)

In this community \_\_\_\_\_

**3. (a) PRINT FULL NAME:** Ruthford Wallace Jr.

**3. (b) If veteran,** infant **3. (c) Social Security**  
name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** Male **5. Color or race** Col,

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

**7. Birth date of deceased** Aug, 12th, 1941  
(Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months 10 23 If less than one day  
0 hr. \_\_\_\_\_ min.

**9. Birthplace** St Louis Mo 0  
(City, town, or county) (State or foreign country)

**10. Usual occupation** infant

**11. Industry or business** Infant.

**12. Name** Ruthford C Wallace

**18. Birthplace** Shelby Miss. /

**14. Maiden name** Hellen Jones (City, town, or county) (State or foreign country)

**15. Birthplace** Lexa Ark. /  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Ruthford C Wallace

**(b) Address** 2600 A Howard St

**17. (a)** Burial (Burial, cremation, or removal) **(b) Date thereof** 7-8-42.  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Greenwood Cem.  
Ellis Fun, Home.

**18. (a) Signature of funeral director** 2020 Stoddard st.

**(b) Address** \_\_\_\_\_

**19. (a)** JUL 6 1942 **(b)** J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:** 600

(a) State Missouri (b) County 17

(c) City or town St Louis. 207  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2600 a Howard St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 7 day 5  
year 1942 hour 8 minute 15 A. M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Broncho Pneumonia (Primary)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

- Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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)  
(a) Means of injury \_\_\_\_\_

**23. Signature** Thomas F. Callahan **or other** \_\_\_\_\_  
Address Deputy Coroner **examined** \_\_\_\_\_  
**FILED** **8 11 P**

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

MOTHER FATHER

**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 myself

Registered Apprentice No. L. Boykin

working under my personal supervision.

Signed

Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis, Mo.

**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, above space should be left blank.**