

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32530

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8734**

1. PLACE OF DEATH:

(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: **BARNES HOSPITAL**
(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)

3. (a) PRINT FULL NAME **Lorena Gaddie Wallace**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **VIRGIL WALLACE** 6. (c) Age of husband or wife if alive **36** years
7. Birth date of deceased **JANUARY 19 1910**
(Month) (Day) (Year)

8. AGE: Years **32** Months **9** Days **9** —If less than one day —
hr. min.

9. Birthplace **MALDEN MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business

12. Name **SHIRLEY REBESTOCK**

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

14. Maiden name **RETA POTTER**

15. Birthplace **MALDEN MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. VIRGIL WALLACE**

(b) Address **4111 DELMAR BLVD.**

17. (a) **BURIAL** (b) Date thereof **OCT 22 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. LEBANON CEMETERY**

18. (a) Signature of funeral director **Shepard Funeral Home**

(b) Address **1167 Hamilton Ave.**

19. (a) **OCT 21 1942** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **St. Louis**
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **4111 DELMAR BLVD.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct 19** day **19**
year **1942** hour **10** minute **45** a.m.

21. I hereby certify that I attended the deceased from **Sept 15** 1942 to **Oct 19** 1942;
that I last saw h. alive on **Oct 19** 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death **hemorrhage, internal**

Due to **Bleeding from esophageal varices**

Due to **Banti's disease**

Other conditions **1/24**
(Include pregnancy within 3 months of death)

Major findings: Of operations **curvature of liver**
Splenomegaly
Of autopsy **as above**

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 **F. R. Bradley** (M. D. or other).....

Address **BARNES HOSPITAL** Date signed **10-19-42**

(Licensed Embalmer's Statement on Reverse Side)

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

00
17
9

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.....

Albert G. Hoppa

Licensed Embalmer No.....

2971

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.