

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 818

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36033

Registrar's No. 10068

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: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours
(Specify whether
In this community 1 year
years, months or days)

3. (a) PRINT FULL NAME Lue Bonnie Wallace

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife William Wallace 6. (c) Age of husband or wife if alive Deed years
7. Birth date of deceased 3 25 1894
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation house work

11. Industry or business _____

MOTHER FATHER { 12. Name Esquira Clay
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Eliza ?
15. Birthplace Camberton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Kitchy
(b) Address 416 W. Harrison Kirkwood Mo.

17. (a) Durham (b) Date thereof 12 2 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair Missouri

18. (a) Signature of funeral director Staten and Sons
(b) Address 30 Kirkwood Mo

19. DEC 3 1942 (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")
(d) Street No. 2524 N. Newstead
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28
year 42 hour 9 minute 45 p.m.

21. I hereby certify that I attended the deceased from 10/26/42
to 10/28/42
that I last saw her alive on 10/28
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococci Sore
Throat - not Diphtheritic

Due to _____

Due to _____

Other conditions Septicemia
(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)

(e) Means of injury _____

23. Signature William Kitchy (M. D. or other) _____

Address 201 N. Newstead Date signed 11/30/42

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

Robert V. Atkin

Licensed Embalmer No.

2842

P. O. Address

3644 Finney

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.