

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35857

State File No. _____
Registrar's No. 2494

NOV 13 1943

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis South Kinloch Park Mo.

(b) City or town South Kinloch Park Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 404 South Jefferson Ave
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town South Kinloch Park Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 404 South Jefferson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Wallace

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored

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

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

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

7. Birth date of deceased Unknown Unk.
(Month) (Day) (Year)

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

About 59

9. Birthplace Gallantian Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Pullman Shop

11. Industry or business _____

MOTHER FATHER { 12. Name Abe Wallace

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

14. Maiden name Martha Thomas

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

16. (a) Informant Lucinda Wallace

(b) Address 404 South Jefferson Ave.

17. (a) Burial (b) Date thereof Nov 9th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Seal Und Co.

(b) Address 2726 Lucas Ave.

19. (a) NOV 10 1943 (b) E. G. McHauran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1943 hour 4 PM minute _____ M.

21. I hereby certify that I attended the deceased from Oct-31 1943 to Nov-4 1943

that I last saw him alive on Nov-4 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Duration 7 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 108

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 J. L. Rainey (M. D. or other) _____

Address St. Louis, Mo. Date signed 11/10/43

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

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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 *Arthur S. Hollis*.....

Licensed Embalmer No. *4219*.....

P. O. Address. *4219*.....

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.