

S. No. 2
DM-2-43
v. 5-17-39
P. I. X35697

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED MAR 27 1944

318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 9565

Registrar's No. 2519

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 1 mo. (Specify whether _____)

In this community 22 years
years, months or days

3. (a) PRINT FULL NAME Minnie Wallace

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

4. Sex Fem. 5. Color or Race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Z.T. Wallace 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years About 65 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Lexington Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Pete Torry

13. Birthplace Charleston Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Maria Surcy

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

16. (a) Informant J.T. Wallace
(b) Address 3041 Lawton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-44
(Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cemt

18. (a) Signature of funeral director Russell Und Co
(b) Address 2732 Pine St.

19. (a) MAR 16 1944 (Date received local registrar) J.D. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9 21

(d) Street No. 3041 Lawton (If rural, give location) 21

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13,
year 1944 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from February 13, 1944, to March 13, 1944,
that I last saw her alive on March 13, 1944
and that death occurred on the date and hour stated above.

Immediately cause of death: Bronchopneumonia
Duration 3 wks.
Terminal

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Alva Moore (M. D. or other) 3/14/44
Address 2601 Whittier Date signed _____

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

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..... *Joel Russell*

Licensed Embalmer No..... *4112*

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.