

FILED JUN 19 1944

Registration District No. **3** Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Marys Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Weeks  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Joseph Wallace

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Wallace 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. 15 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Bohemia  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Frank Wallace

13. Birthplace Unknown Bohemia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pennecker

15. Birthplace Unknown Bohemia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Wallace

(b) Address High Ridge Mo

17. (a) Burial (b) Date thereof 6-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Ridge Mo

18. (a) Signature of funeral director Arthur H. Boyer

(b) Address Rickwood Mo

19. (a) JUN 9 - 1944 (b) C. S. Lawrence  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson

(c) City or town Rural High Ridge  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 50

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1944 hour \_\_\_\_\_ minute 8:30 AM

21. I hereby certify that I attended the deceased from April 11 1944 to June 6 1944  
that last saw him alive on June 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic Sudden

Due to following prostatic

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

Other conditions Right myocardial infarct 1 month  
(Include pregnancy within 3 months of death)

Major findings: Prostatic hypertrophy 99.1

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)

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

23. Signature C. S. Lawrence (D. or other) \_\_\_\_\_

Address 818 Olive St. St. Louis Mo signed 6/9/44

**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.....

*San M. Szymora*

Licensed Embalmer No.....

4343

P. O. Address.....

7415 Zephyr Pl.  
Maplewood, N.J.

**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.