

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 26 1944
318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6320

1. PLACE OF DEATH:

(a) County _____

(b) City or town 4311 Swan Ave. St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 4311 Swan
(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 Missouri (b) County _____

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

(d) Street No. 4311 Swan Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Laura Wallis

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1944 hour 2.00 minute _____ P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James Wallis

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

7. Birth date of deceased April 7th, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 16, 1944 to July 16, 1944

that I last saw her alive on July 16, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 3 Days 9
If less than one day _____ hr. _____ min.

Immediate cause of death chronic myocarditis

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Woodward

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

14. Maiden name Unknown Trail

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Wallis

(b) Address 4311 Swan Ave

17. (a) Removal (b) Date thereof July 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Ave

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 _____

19. (a) JUL 17 1944 (b) J. J. - [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature P. J. M. [Signature] (M. D. or other) _____

Address 2025 S. Jefferson Date July 16, 1944

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 *John Egonoski*
Licensed Embalmer No. *2398*

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.