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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29919

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8362**

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **2 days** (Specify whether
In this community **30 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State..... (b) County.....
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL") **21**
(d) Street No. **622a N. Garrison**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Anna Wallace**
3. (b) If veteran, name war. **none** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **28,**
year **1944** hour **5** minute **15 P.** M.
21. I hereby certify that I attended the deceased from **September 26,**
19 **44** to **September 28,** 19 **44**
that I last saw her alive on **September 28,** 19 **44**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death
Aortitis - Non-syphilitic Unk.
Cardiac Decompensation Unk.

7. Birth date of deceased **November 22 1893**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
50 **10** **5** hr. min.

Duration
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.

9. Birthplace **Union City Alabama**
(City, town, or county) (State or foreign country)
10. Usual occupation **House work**

11. Industry or business **at home**
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earle Williams**
(b) Address **622a N. Garrison ave**
17. (a) **Burial** (b) Date thereof **10/2/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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?
(Specify type of place)
While at work?..... (e) Means of injury.....

(c) Place: burial or cremation **Greenwood Cemetery**
18. (a) Signature of funeral director **C.W. Roberts**
(b) Address **1416 N. Taylor ave**
19. (a) **OCT 2 1944 J.F. Butler**
(Date received local registrar) (Registrar's signature)

23. Signature **Alva M. Moore** (M. D. or other)
Address **2601 Whittier** Date signed **9/30/44**

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

MOTHER FATHER

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: Fuller E. Culkin
Licensed Embalmer No. 4198
P. O. Address: St Louis 13 Mo

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.