

FILED NOV 30 1948

Registration District No. **3948**

Primary Registration District No. **1003**

Registrar's No. **9769**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute Home Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 1 3 years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Viola Wallace

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col

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

6. (b) Name of husband or wife Albert

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Oct 3 1916
(Month) (Day) (Year)

8. AGE: Years 28 Months 15 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Burton Walker

13. Birthplace Miss (City, town, or county) _____ (State or foreign country)

14. Maiden name Ethel Ward

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

16. (a) Informant Albert Wallace

(b) Address 3423 1/2 Walnut St

17. (a) Burial (b) Date thereof 11-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. M. Green

(b) Address 3517 Laclede

19. (a) NOV 17 1948 (b) J. Bredech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3423 1/2 Walnut St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage of heart from stab. Wounding in left axilla well
Due to injuries in the hands of one
Garth Johnson (Col) at the entrance
Due to sections of Oak and Walnut
around 10:15 O'clock P.M. Nov. 13 1944

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

Major findings: Of operations 167

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Nov. 13 1944

(c) Where did injury occur? St. Louis (City or town) 9769 (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place on Street

While at work? _____ (Specify type of place)

(e) Means of injury Stabbing

23. Signature Alfred Perry (M. D. or other)

Address St. Louis Date signed 11/18/48

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

W. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Seaside Ave

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.