S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29175

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7431

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(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 3 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 11 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4140 Kennerly 9
(If rural, give location) 10
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lawrence A Wallace

3. (b) If veteran, name war

3. (c) Social Security No. 494-03-8527

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

6. (b) Name of husband or wife Clara Jones | 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 7th (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
52	1	16	

9. Birthplace Little Rock (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Dinning Car Waiter

11. Industry or business

MOTHER FATHER

12. Name Lawrence A. Wallace
13. Birthplace Little Rock (City, town, or county) Ark 1 (State or foreign country)
14. Maiden name Lulu T. Staples
15. Birthplace Little Rock (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant Clara Wallace
(b) Address 4140 Kennerly ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Peters

18. (a) Signature of funeral director Dot Randle & Son
(b) Address 3133 Bell ave

19. (a) AUG 28 (Date received local registrar) (b) 1946 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1946 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from 8-20, 1946, to 8-23, 1946; that I last saw him alive on August 23, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease with Decompensation Grade IV	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. D. Williams (M. D. or other)
Address 3601 N Whittier Date signed 8/24/46

(Licensed Embalmer's Statement on Reverse Side)

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 S J Watson

Licensed Embalmer No. 2698

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.