

FILED AUG 30 1946

Registration District No. **918**

Primary Registration District No. **1003**

Registrar's No. **6832**

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:
residence-9933 Riverview Drive
(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)

3. (a) PRINT FULL NAME MABLE HUMPHREY WALLACE

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (b) Name of husband or wife Marion Wallace
7. Birth date of deceased September 28 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 7 hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name Hoyt Humphrey
13. Birthplace Grandville Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Ella Wills
15. Birthplace Palmyra, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Wallace
(b) Address 9933 Riverview Drive, St. Louis
17. (a) cremation (b) Date thereof 8-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director G. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis, Mo.
19. (a) AUG 5 1946 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 9933 Riverview Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1946 hour 3 minute 21 A.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 Coronary Thrombosis
Due to 94
Due to.....

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.

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? (b) Means of injury 3
23. Signature J. F. Bredeek (M. D. or other)
Address St. Louis Date signed 8/5/46

St. Louis Coroner

Not Embalmed

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.....

..... Licensed Embalmer No.....

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.