

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35692
State File No. 9156
Registrar's No.

FILED NOV 7 1946

Registration District No. 318 Primary Registration District No. 1003

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:
6153 Louisiania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Pilkington Wallace

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mathilda Wallace 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 14 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 11 hr. min.

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

10. Usual occupation Retired
11. Industry or business R. R. Express

MOTHER FATHER { 12. Name Wm. Wallace 7
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Margaret Pilkington
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Wallace
(b) Address 6153 Louisiania

17. (a) Burial (b) Date thereof 10/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6222 S. Grand Bldg.

19. (a) OCT 26 1946 (b) J. F. Medlock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County B. C. C.
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6153 Louisiania (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 25th year 1946 hour 4 minute 30 M.
21. I hereby certify that I attended the deceased from June 1946 to Oct 25th 1946;
that I last saw him alive on Oct 24th 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 6 hrs
Due to Arteriosclerosis 7
Due to 93
Other conditions no (Include pregnancy within 3 months of death)
Major findings: no
Of operations no
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) no
(b) Date of occurrence 8
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X
While at work? X (Specify type of place) Means of injury 0
23. Signature B. Shaufley (M. D. or other)
Address 1514 S. Jefferson Co Date signed 10/26/46

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

Dr. Shanklin
Jeff - Park
Gr 9757

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

J. W. Binkley

Licensed Embalmer No.

P. O. Address

3653
St Louis, 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.