

Registration District No. 318

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (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:
4302 DeTonty St.
 (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 Fred Wallace

3. (b) If veteran, name war None
 3. (c) Social Security No. 489-12-6484

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married; divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	64			hr. _____ min.

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Forest Park

12. Name James Wallace

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

14. Maiden name Eliza Elms

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

16. (a) Informant Wm. Wallace

(b) Address 4302 DeTonty St.

17. (a) Burial (b); Date thereof 12 5 46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 4 1946 (b) J. F. Bredek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4302 DeTonty St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd
 year 1946 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1 1946 to Dec 2 1946
 that I last saw him alive on Nov 29 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 12 hrs.
arterio-sclerosis 29 years
myocardial degeneration 29 years

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____
 Of autopsy none
 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 _____
 (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature W. A. Schneider (M. D. or other) W.A.
 Address 2318 S Grand Date signed 12-2-46

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

MOTHER FATHER

33188
A. Frank

1-5

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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 Edwin M. Bennett

Licensed Embalmer No. 3024

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.