

FILED DEC 17 1946
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Registration District No. Primary Registration District No. 1003 Registrar's No. 10348

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Corner of Gustine & Juniata
(d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 3864A Humphrey St.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME William H. Wallis
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 2nd year 1946 hour 3 minutes 40 P. M.

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

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct. 12th, 1873 (Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion

8. AGE: Years 73 Months I Days 20 If less than one day hr. min.

Due to Chronic Coronary Occlusion
Due to non-specific.

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation None

11. Industry or business

12. Name Roger Wallis
13. Birthplace England (City, town, or county) (State or foreign country)

14. Maiden name Rose Burton (City, town, or county) (State or foreign country)

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

16. (a) Informant Burton J. Wallis (Brother)
(b) Address 4439 Sexauer Ave.

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

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Kraeger-Voss, Inc.
(b) Address 3402 N. Kingshighway

19. (a) DEC 4 1946 J. F. Bredeck (Date received local registration) (Registrar's signature)

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?

While at work (Specify type of place) means of injury
23. Signature (M. D. or other) Date signed

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

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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 G. W. Wilkinson

Licensed Embalmer No. 3575

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.