S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26372

FILED NOV 7 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 18040

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 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County None
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 722 N Euclid (If "rural," give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie Wallace
3. (b) If veteran, name war ---
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Melba
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased April 6, 1916 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	6	22	hr. min.

9. Birthplace Greenville, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business
MOTHER FATHER
12. Name Unavailable
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Melba Wallace
(b) Address 722 N. Euclid Avenue
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenville, Miss
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue
19. (a) OCT 30 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1947 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from Oct. 16, 1947 to Oct. 28, 1947; that I last saw him alive on Oct. 28, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignant Hypertension	Undet.
Due to	
Due to	
Other conditions Chronic Glomerulonephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause of 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
23. Signature Oscar L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 10/28/47

Jefferson City Printing Co.

(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, ~~xxxxxxxxxx~~ Thomas J. Gates, ~~Registered Apprentice No. xxxxxxxxx~~ ~~working under my personal supervision~~.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave

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.