

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1218

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 2 mos. (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 000
(c) City or town... St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4951 Fountain (If rural, give location) 9
12
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Jerry Wallace

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1947 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct. 9 19 47 to Dec. 10 19 47 that I last saw him alive on Dec. 10 19 47 and that death occurred on the date and hour stated above.

4. Sex. M 2. Color C L. race C L. 6. (a) Single, widowed, married, divorced... Married
6. (b) Name of husband or wife BEATRICE WALLACE 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased FEB 29 1882 (Month) (Day) (Year)

Immediate cause of death Carcinoma of Stomach Duration Undet.

8. AGE: Years 65 Months 9 Days 11 If less than one day hr. min.

Due to.....
Due to..... Hb

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

Other conditions... Metastasis of Liver (Include pregnancy within 3 months of death)

10. Usual occupation COOK

PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business.....

Major findings: Of operations.....
Of autopsy... Yes

12. Name WALLACE

13. Birthplace ALA-1 (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant BEATRICE WALLACE

(b) Address 4951 Fountain

17. (a) BURIAL (b) Date thereof DEC-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD Cem

18. (a) Signature of funeral director F.A. GREEN

(b) Address 4214 DELMAR BL.

19. (a) DEC 15 1947 (b) J.P. [Signature] (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?..... (Specify type or place)

While at work?..... (e) Means of injury.....

23. Signature James M Whittier (M. D. or other) 0

Address 2601 N Whittier Date signed 12/11/47

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

MOTHER FATHER

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 _____

Beaumont H. Swan, Registered Apprentice No. 106
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2963

P. O. Address 4214 DELMAR BL.

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.