

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 10 1948**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

3596

State File No. ....

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 32

**1. PLACE OF DEATH:**

(a) County ST. LOUIS  
(b) City or town NORMANDY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7701 FLORISSANT ROAD TRAILER  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution AT HOME (Specify whether  
In this community 4 MONTHS years, months or days)

3. (a) PRINT FULL NAME JUDY IRENE WALLACE

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced INFANT  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased JAN 3 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ONE EIGHT hr. 30 min.

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

10. Usual occupation INFANT

11. Industry or business

12. Name MR. MARSHALL BETHANY WALLACE  
13. Birthplace HICKORY NORTH CAROLINA  
(City, town, or county) (State or foreign country)  
14. Maiden name LOIS IRENE PITTS  
15. Birthplace HICKORY NORTH CAROLINA  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Marshall Wallace  
(b) Address 7701 Florissant Rd.

17. (a) Burial (b) Date thereof 1/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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

(b) Address 3710 N. Grand Blvd.

19. (a) 1-6-48 (b) Bearley  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County ST. LOUIS 96  
(c) City or town NORMANDY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7701 FLORISSANT ROAD  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JANUARY day FOURTH  
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from JAN 3 1948  
to JAN 4 1948  
that I last saw her alive on JANUARY 4 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death CONGENITAL VALVULAR HEART DISEASE Duration

Due to 1572

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

**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)  
(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 B. M. Haultman D.C. (M. D. or other)  
Address 4516 Adams Ave. Date signed Jan 5 1948

20410 441 1107

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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.....*Albert Mayfield*.....  
Licensed Embalmer No. *3077*.....  
P. O. Address.....*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.**