

FILED APR 3 1948

Registration District No. 318

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1008

State File No. 10795

Registrar's No. 2768

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3200 Pine St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)
In this community 40 yrs

3. (a) PRINT FULL NAME Luille Wallace
3. (b) If veteran, name war F 3
3. (c) Social Security No. 2

4. Sex F 3 Color or race C
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife April
6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased April 19 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 29
If less than one day hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Louis Rollins

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Mason

(b) Address 8704 Darling

17. (a) Burial (b) Date thereof 5-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. H. Mason

(b) Address 3644 K. Finney Ave

19. (a) MAR 21 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3200 Pine St 1
(If rural, give location)
(e) Citizen of foreign country? 21 (Yes or No)
If yes, name country 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1948 hour 10 minute 50A M.

21. I hereby certify that I attended the deceased from 3/1/48, 19, to 3/17/48, 19, that I last saw him alive on 3/17/48, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to 108

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy clinical

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 W. H. Mason (M.D. or other) MD

Address 3100 Lucas Ave. Date signed

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.....

Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 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.