FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 5117

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15071

Registrar's No. 1015

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

1. PLACE OF DEATH:
(a) County: Saint Louis
(b) City or town: South Kinloch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5th Ave near Lix
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: South Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. 5th Ave nr Lix
(If rural, give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME: Joe Wallace
3. (b) If veteran, name war: None
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lottie Wallace
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: Oct (Month) 10 (Day) 1886 (Year)

8. AGE: Years 61 | Months 6 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Alexander (City, town, or county) Ark. (State or foreign country)
10. Usual occupation: Carpenter (retired)
11. Industry or business: Building trades

MOTHER FATHER
12. Name: George Wallace
13. Birthplace: Unknown (City, town, or county) S.Carolina (State or foreign country)
14. Maiden name: Catherine Smith
15. Birthplace: Eldorado (City, town, or county) Ark. (State or foreign country)

16. (a) Informant: Ida Lenson
(b) Address: South Kinloch 21, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Little Rock Ark.
18. (a) Signature of funeral director: Boyd Bros
(b) Address: So. Kinloch, 21, Mo.
19. (a) 4-18-48 (Date received local registrar) (b) Carey Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1948 hour 8:30 minute A.M.
21. I hereby certify that I attended the deceased from April 8, 1948, to April 11, 1948; that I last saw him alive on April 11, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	4 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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: J. C. Rainey (M. D. or other)
Address: Box Kinloch Mo Date signed April 15, 48

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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, or by .....

Gilbert, J. [illegible], Registered Apprentice No. 107

working under my personal supervision.

Signed Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 Page

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.

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