300
-47
-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18124
Primary Registration District No. 1003
Registrar's No. 4752

1. PLACE OF DEATH:

(a) County
(b) City or town City St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-28-45/5-21-48 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

606 17 9 0

(a) State Mo. (b) County
(c) City or town City ~~Hall McLaren Ave~~
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillian 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 Married

6. (b) Name of husband or wife FRANK WALLACE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8- (Month) 10- (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
70	9	19	hr. min

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

10. Usual occupation NIL. Housewife

11. Industry or business

MOTHER FATHER

12. Name Adolph Kerner
13. Birthplace Germany. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Neff.
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records.
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 24/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Diedrich F. Hoerr
(b) Address 8319 Hollywood Ferry Rd

19. (a) MAY 24 19 48 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21-
year 48 hour 6 minute 40 a.M.

21. I hereby certify that I attended the deceased from 5-1- 1948 to 5-21- 1948
that I last saw her alive on 5-21- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	7 Days
Due to Cerebral Hemorrhage	3 Yrs.
Due to Hypertensive Vasculer Disease	Many Years
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Masao Ohmoto M.D. (M. D. or other)
Address 3903 Olive Date signed 5-24-48

(Licensed Embalmer's Statement on Reverse Side) Masao Ohmoto

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. Arthur R. Diedrich

Licensed Embalmer No. 3556

P. O. Address St Louis

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.