FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18125

FILED MAY 20 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4422

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute Homer Phillips Hosp.
3100 Marnice
(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 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3100 Marnice (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 10

3. (a) PRINT FULL NAME Rachel Wallace
3. (b) If veteran, name war
3. (c) Social Security No. 413-14-6091

4. Sex Female 3
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 9 (Day) 1897 (Year)

8. AGE: Years 50 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Greenwood, Mississippi 1
(City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business

MOTHER / FATHER
12. Name Ross Johnson
13. Birthplace Ala. 1
(City, town, or county) (State or foreign country)
14. Maiden name Dollie Ousley
15. Birthplace Ala. 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Wallace
(b) Address 3100 Marnice Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director E. B. Koonce
(b) Address 1221 N. Grand Blvd.
19. (a) MAY 1 1 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1948 hour 10:15 minute 10:15 PM.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? Means of injury 3

23. Signature Patrick E. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 5-14-48.

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~~ _____, ~~Registered Apprentice~~ No. _____, working under my personal supervision.

Signed Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Masonic St Fitchburg Massachusetts

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.