

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No.

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 4614	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 000					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 0				c. LENGTH OF STAY (In this place) 35 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 17			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNARD FREE SKIN & CANCER HOSP.				d. STREET ADDRESS (If rural, give location) 222 2836 CLARK 8					
3. NAME OF DECEASED (Type or Print) a. (First) LESSIE b. (Middle) WALLACE c. (Last) WALLACE				4. DATE OF DEATH (Month) (Day) (Year) 5 22 49					
5. SEX 3 FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 8-15-1904		9. AGE (In years last birthday) Months Days Hours Mins. 44 0 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME BOOKER LEDBETTER				13b. MOTHER'S MAIDEN NAME EMMA MILLER				14. NAME OF HUSBAND OR WIFE FRED WALLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred WALLACE 2836 CLARK					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia, (from ureteral obstruction) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Squamous Cell Carcinoma DUE TO (c) with carcinoma in situ abdomen II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 wks. 1 yr?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 554					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 199A					
22. I hereby certify that I attended the deceased from 17 Apr , 19 49 , to 22 May , 19 49 , that I last saw the deceased alive on 22 May , 19 49 , and that death occurred at 10:30 pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph E. Flynn M.D.				23b. ADDRESS Barnard Free Skin & Cancer Hosp.				23c. DATE SIGNED 23 May 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/28/49		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo			
DATE REC'D BY LOCAL REG. MAY 25 1949		REGISTRAR'S SIGNATURE J. B. Sasser				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blumen F. Home 215 So. Jefferson			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Arthur L. Hilliard

Signed _____
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4049 St. Germain*

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.