

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25376
6306

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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 town) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) 17 OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital D		d. STREET ADDRESS (If rural, give location) 11 3642 Cook 0	

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) J c. (Last) Wallace			4. DATE OF DEATH (Month) (Day) (Year) July 17 1949		
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single U	
8. DATE OF BIRTH Feb. 26, 1880			9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 4 Days 21 IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Oklahoma	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME A J Wallace		13b. MOTHER'S MAIDEN NAME Sarah Blockard		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Earl Hewett	
				ADDRESS 3829 Windsor Place	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with Congestive Failure		INTERVAL BETWEEN ONSET AND DEATH Undet.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 920
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from July 12, 1949, to July 17, 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. T. Hedrick M.D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 7-19-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 20, 1949	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) Le May, Missouri
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE J. B. Sasator	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS b. B. Pascoe 1221 N. Grand
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JUL 20 1949

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.

Student
Student Embalmer

Signed

Effie E. Cooper

Licensed Embalmer No. 4600

P. O. Address 1221 S. Grand

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.