

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8615  
Registrar's No.

FILED OCT 13 1949

BIRTH NO. 69154-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hosp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
		d. STREET ADDRESS (If rural, give location) 10 4118 a N. Newstead Ave 7	

3. NAME OF DECEASED (Type or Print) a. (First) Sharon b. (Middle) Lee c. (Last) Wallace			4. DATE OF DEATH (Month) (Day) (Year) Oct. 5 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY Nil		8. DATE OF BIRTH Oct. 5, 1949	
				9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 WKS. Hours Min. 6 50	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Wyatt C. Wallace Jr.		13b. MOTHER'S MAIDEN NAME Mary Edith Reynolds		14. NAME OF HUSBAND OR WIFE	
---	--	---	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wyatt C. Wallace 4118a N. Newstead	
--	--	-------------------------	--	---	--

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				INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hrs	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity					
		DUE TO (c) Premature Separation of Placenta					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7625	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) 139	
--	--	--	--	--	--

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? 276X	
--	--	--	--	------------------------------------	--

22. I hereby certify that I attended the deceased from 10:45 P. M. to 11:00 P. M., 1949, that I last saw the deceased alive on 10/5/49, and that death occurred at 11:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE G. H. Klein M.D.		23b. ADDRESS 2632 S. Knapshoyn		23c. DATE SIGNED 10/5/49	
------------------------------------	--	-----------------------------------	--	-----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 10/7/49		24b. DATE 10/7/49		24c. NAME OF CEMETERY OR CREMATORY Friedens		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
---	--	----------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. OCT 6 1949		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Stock 2117 E. Grand Ave.	
--	--	---------------------------------------	--	--	--

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 \_\_\_\_\_

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.