

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25500

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3066		Registrar's No. 1792	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		4693	
d. FULL NAME OF HOSPITAL OR INSTITUTION 323 E Jefferson Ave				d. STREET ADDRESS (If rural, give location) 323 E Jefferson Ave			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) E		c. (Last) Wallace		4. DATE OF DEATH (Month) (Day) (Year) July 24 50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct 30 1887	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 8		IF UNDER 1 YEAR Days 16		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas Wallace		13b. MOTHER'S MAIDEN NAME Mary Burns		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. #1		17. INFORMANT'S SIGNATURE OR NAME Mary Wallace		ADDRESS 323 E Jefferson Kirk	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hr. 4301	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/24, 1950, to 7/24, 1950, that I last saw the deceased alive on 7/24, 1950, and that death occurred at 5:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. D. Stolzle		(Degree or title) M.D.		23b. ADDRESS 1047 N. Adams, Kirkwood		23c. DATE SIGNED 7/25/50	
24a. BURIAL / CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-23-50		24c. NAME OF CEMETERY OR CREMATORY St Peters Kirkwood		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.	
DATE REC'D BY LOCAL REG. 7-25-50		REGISTRAR'S SIGNATURE Herbert R. Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfizinger		ADDRESS Kirkwood Mo.	

(Licensed Embalmers' 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.

Student
Student Embalmer

Signed

William H. Pityrizer

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood, Mo.*

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.