

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 552 560

1. PLACE OF DEATH a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MO b. COUNTY ST LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) Manchester, Mo. 6 mons.

c. CITY (If outside corporate limits, write RURAL and give township) OR 4336 33 TOWN St. University City

d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home

d. STREET ADDRESS (If rural, give location) 6501 Enright

3. NAME OF DECEASED a. (First) Nellie b. (Middle) Wallace c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH March 19, 1874

9. AGE (In years last birthday) 76

UNDER 1 YEAR Months Days # UNDER 100 HOURS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andrew J. Carter

13b. MOTHER'S MAIDEN NAME Annie Grey

14. NAME OF HUSBAND OR WIFE Charles E. 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 Jack W. Wallace 133 S Weatherly Dr.

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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4221

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) m.

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 Sept 15, 1951, to Feb 28, 1951, that I last saw the deceased alive on Feb 26, 1951, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. Dr. Jensen (Degree or title)

23b. ADDRESS M. Manchester Mo

23c. DATE SIGNED 3-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 2, 1951

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. 3-1-51

REGISTRAR'S SIGNATURE Herbert R Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 16175 Delmas

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

4009

25

Dr Jansen
Shaw School
1-3 (Columbia 5329)

OCT 17 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Pellman

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.