

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

4796

No. 300

FILED JUN 6 1952

10.48

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>21 2748 Gambler St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 2748 Gambler St.</u>				d. STREET ADDRESS (If rural, give location) <u>21 2748 Gambler St.</u>					
3. NAME OF DECEASED (Type or Print) <u>Mrs. Mollie</u>			a. (First) <u>Mollie</u>		b. (Middle) _____		c. (Last) <u>Wallace</u>		
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>21</u>		(Year) <u>52</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>Gal</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>11-11-1875</u>			
9. AGE (in years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Grand Junction Tenn</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>William Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Pinkney</u>		14. NAME OF HUSBAND OR WIFE <u>Will Wallace Dead</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Nettie Wallace</u>			ADDRESS <u>1041 N. Jackson St.</u>	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertension</u>				?	
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>334X</u>					
22. I hereby certify that I attended the deceased from <u>5/13</u> , 19 <u>52</u> to <u>5/21</u> , 19 <u>52</u> that I last saw the deceased alive on <u>5/21</u> , 19 <u>52</u> and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. E. Magley M.D.</u>				23b. ADDRESS <u>3336 Chestnut Ave</u>				23c. DATE SIGNED <u>5/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) <u>St. Louis Co</u>		(State) <u>MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gushowe</u>		ADDRESS <u>2900 Dickson St.</u>					

1447c (Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1955

DEC 5 1955

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.