

FILED JUL 24 1952

## STANDARD CERTIFICATE OF DEATH

26451

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5967</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ferguson, 21</b>		<b>4/19</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>205 Tiffin Ave.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lloyd</b>		b. (Middle) <b>P.</b>		c. (Last) <b>Wallace</b>		4. DATE OF DEATH (Month) <b>6</b> (Day) <b>25</b> (Year) <b>1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>3-10-1903</b>	
9. AGE (In years last birthday) <b>49</b>		10. IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b>		11. IF UNDER 1 MIN. Hours <b>1</b> Min. <b>1</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restaurant</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Proprietor</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Paducah, Kentucky /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>							
13a. FATHER'S NAME <b>Cicero M Wallace</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl Buck</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret F. Wallace</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-03-1171</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Margaret F. Wallace, Ferguson, Mo.</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerosis with myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Regenerative cardiac vascular disease</b> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>Yes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>6/20, 1952</b> , to <b>6/25, 1952</b> , that I last saw the deceased alive on <b>6/25, 1952</b> , and that death occurred at <b>6:15 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Joseph S. Jurek M.D.</b>				23b. ADDRESS <b>2123 E. Brissant Ferguson, Mo.</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6/27/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.,</b>	
DATE REC'D BY LOCAL <b>JUN 26 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>White Chapel, Ferguson, Missouri.</b>			

(Licensed Embalmer's 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

Licensed Embalmer No. 4366

P. O. Address Leva, 70

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.