

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43895**
Registrar's No. **11090**

FILED DEC 24 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11090**

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)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 1027 Eureka Flats			
3. NAME OF DECEASED (Type or Print) Joseph		a. (First)		b. (Middle)		c. (Last) Wallace	
4. DATE OF DEATH Nov 28 1952		5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 3 1894		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 5 Days 25		IF UNDER 24 HRS. Hours 25 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Theater		11. BIRTHPLACE (State or foreign country) Miss		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME James Wallace		13b. MOTHER'S MAIDEN NAME Rosie		14. NAME OF HUSBAND OR WIFE Sarah Wallace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-16-4068		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Wallace 2947 Sheridan Ave			
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) Antecedent Causes Cerebral Apoplexy 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			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOBIOGRAPHY YES <input checked="" 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)			
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? 334X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 640 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Randle (Degree or title)		23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 12/1/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. DEC 2 1952		REGISTRAR'S SIGNATURE Charles Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H. Randle & Son 3133 Bell Ave			

(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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

Licensed Embalmer No. 2695

P. O. Address 2769 Chouteau

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.