

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16336**  
Registrar's No. **4007**

FILED MAY 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Child checked on for aspirin tablet. Car. said Thackerston was performing but Hosp. said child was D.O.A.  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>5755 Bartmer Ave.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Jo</b> b. (Middle) <b>Ann</b> c. (Last) <b>Wallace</b>		<b>4. DATE OF DEATH</b> (Month) <b>April</b> (Day) <b>15</b> (Year) <b>1953</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 11 1950</b>
<b>9. AGE</b> (In years last birthday) <b>2</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 14 HRS: Hours _____ Min. _____			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
<b>13a. FATHER'S NAME</b> <b>Joseph Wallace</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mildred Vickers</b>	
<b>14. NAME OF HUSBAND OR WIFE</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>J.F. Wallace</b>		<b>ADDRESS</b> <b>5755 Bartmer</b>	
<b>18. CAUSE OF DEATH</b> 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.  <b>19a. DATE OF OPERATION</b> <b>19b. MAJOR FINDINGS OF OPERATION</b> <b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<b>MEDICAL CERTIFICATION</b>			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____  <b>ANTECEDENT CAUSES</b> <b>Due to (b)</b> <b>Edema of Glottis</b> <b>Due to (c)</b> _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>21a. ACCIDENT, SUICIDE, HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. HOW DID INJURY OCCUR?</b>	
<b>21e. TIME OF INJURY</b> (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min.) _____		<b>21f. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>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 <b>7:45 P.M.</b>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Patrick E. Taylor</b>		<b>23b. ADDRESS</b> <b>1308 Clark</b>	
<b>23c. DATE SIGNED</b> <b>4.17.53</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>4/18/53</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>APR 17 1953</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Sullivan's</b>	
<b>REGISTER'S SIGNATURE</b> <b>Carl Smith</b>		<b>ADDRESS</b> <b>2849 N. Euclid Ave.</b>	

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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.....  
Signature of Student Embalmer

Signed *Robert L. Brinkman*.....

Licensed Embalmer No. *3553*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting..  
If this body is not embalmed, fact should be so stated above.