

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26994

State File No. _____

FILED JUL 31 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 6749

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 OR TOWN St. Louis 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 BARNES HOSPITAL		STREET ADDRESS (If rural, give location) 18 3526 Laclede Ave. 21890	
3. NAME OF DECEASED (Type or Print) a. (First) OZZIE	b. (Middle) NMN	c. (Last) WALLACE	4. DATE OF DEATH (Month) (Day) (Year) 7 4 53
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 14, 1893
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	9b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Clarksville, Tennessee	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert Collins	13b. MOTHER'S MAIDEN NAME Rowena Barton	14. NAME OF HUSBAND OR WIFE Hamilton Wallace - Deceased	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Evelyn Clark - Sister 708 N. Taylor	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES BILATERAL NON-FUNCTIONING KIDNEYS, CAUSE UNKNOWN DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 26 DAYS 26 DAYS
19a. DATE OF OPERATION 6/20/53	19b. MAJOR FINDINGS OF OPERATION CYSTOSCOPY. CHRONIC RESIDUAL CYSTITIS		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) 605-X	
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?	
22. I hereby certify that I attended the deceased from 6/19 , 19 53 , to 7/4 , 19 53 , that I last saw the deceased alive on 7/4 , 19 53 , and that death occurred at 9:35 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) FR Bradley, M. D.		23b. ADDRESS 600 S. KINGSHIGHWAY BLVD	23c. DATE SIGNED 7/5/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/9/53	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 8 1953	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. L. Bruce 4469 Washington		

(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.....
Signature of Student Embalmer

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *422*

P. O. Address *4524*

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.