

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

30507

FILED AUG 31 1953

State File No. _____
Registrar's No. **7700**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7700	
1. PLACE OF DEATH a. COUNTY ST. LOUIS CITY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS CITY			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS CITY		c. LENGTH OF STAY (In this place) 2 1/2 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2069 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL, ST. LOUIS				d. STREET ADDRESS (If rural, give location) 61347² HODIAMONT			
3. NAME OF DECEASED (Type or Print)		a. (First) LAURA		b. (Middle)		c. (Last) WALLACE	
4. DATE OF DEATH		(Month) 8		(Day) 6		(Year) 1953	
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 2/5/1866		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Golden S. Miller		13b. MOTHER'S MAIDEN NAME Mary Turner		14. NAME OF HUSBAND OR WIFE William W. Wallace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bailey Wissler, 7748 Burr Oak			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE - SPONTANEOUS FRACTURE - NECK LEFT FEMUR ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PROSTHESIS - INSERTED LEFT FEMUR 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 3 DAYS 2 1/2 WEEKS	
19a. DATE OF OPERATION 7/22/53		19b. MAJOR FINDINGS OF OPERATION FRACTURE NECK LEFT FEMUR				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS CITY MO. MISSOURY			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 21 1953 3 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? FELL AT HOME E 904.0			
22. I hereby certify that I attended the deceased from 7/21 , 1953, to 8/5 , 1953, that I last saw the deceased alive on AUGUST 5, 1953 , and that death occurred at 4 AM m., from the causes and on the date stated above: 21							
23a. SIGNATURE (Degree or title) Milton I. Leubel M.D.				23b. ADDRESS 508 N. GRAND		23c. DATE SIGNED 8/6/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/7/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. AUG 6 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

Albert R. Thompson

Licensed Embalmer No. *4237*

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 this body is not embalmed, fact should be so stated above.