

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37679

9909

FILED OCT 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

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1. PLACE OF DEATH  
a. COUNTY 318  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. HOMER G. PHILLIPS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY  
c. CITY OR TOWN St. Louis  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 802 N. Jefferson Ave 2219

3. NAME OF DECEASED (Type or Print)  
a. (First) JOHN  
b. (Middle) WALLACE  
c. (Last)  
4. DATE OF DEATH (Month) (Day) (Year)  
Oct 13 1953

5. SEX Male  
6. COLOR OR RACE Col  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced  
8. DATE OF BIRTH Jan 26 1909  
9. AGE (In years last birthday) 44  
IF UNDER 1 YEAR Months 8 Days 17  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) St. Francis, Co. Ark  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sol Wallace  
13b. MOTHER'S MAIDEN NAME Bettie Taylor  
14. NAME OF HUSBAND OR WIFE -

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  
Celia McGowan 3148 School St

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) *Hydrothorax*  
ANTECEDENT CAUSES  
DUE TO (b) *Ascites*  
DUE TO (c) *Cardiac hypertrophy*  
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. AUTOPSY? YES  NO

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)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? 4343

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE *Joseph M. [Signature]*  
23b. ADDRESS 1300 Clark Ave  
23c. DATE SIGNED 10/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
24b. DATE Oct. 19, 1953  
24c. NAME OF CEMETERY OR CREMATORY Washington Park  
24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo

DATE REC'D BY LOCAL REG. OCT 17 1953  
REGISTRAR'S SIGNATURE *J. Earl Smith*  
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

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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..... *S. J. Gato*

Licensed Embalmer No. *2696*

P. O. Address *2769 Chen*

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.