

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

- 44527

FILED DEC 16 1953

State File No. ....

BIRTH NO. 75020 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11538

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ST. LOUIS</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glendale 651</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis Children Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>38 Southridge Court</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Lindsay</u> b. (Middle) <u>ANN</u> c. (Last) <u>Wallis</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12 5 53</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>10-2-1953</u>
<b>9a. 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) <u>0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
<b>13a. FATHER'S NAME</b> <u>George Wallis</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Marion Cupp</u>	<b>14. NAME OF HUSBAND OR WIFE</b> _____
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>P. Magidson</u> <b>ADDRESS</b> <u>500 S. Kingshighway</u>	
<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, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Myxomatosis</u> <u>(Hypoglycemia)</u> <u>Diarrhea</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<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. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>5760</u>	
<b>22. I hereby certify that I attended the deceased from <u>10-29, 1953, to 12-5, 1953</u>, that I last saw the deceased alive on <u>12-5, 1953</u>, and that death occurred at <u>9 A. m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>John C. Hervey M.D.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>500 So. Kingshighway Blvd.</u>	<b>23c. DATE SIGNED</b> <u>12/5/53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>12-7-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Grove Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Co. Mo</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>DEC 7 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Carl Smith MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>C.R. Lupton + Sons</u> <b>ADDRESS</b> <u>7233 Delmar.</u>	

(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 \_\_\_\_\_  
Student Embalmer

Signed Ronald W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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