

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44195

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11972			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI				b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS.		c. LENGTH OF STAY (in this place) township) 10 MIN.		c. CITY OR TOWN ARNOLD		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 ALEXIAN BROS. HOSP.				e. STREET ADDRESS (If rural, give location) Rt 2 - RIDGE CREST DR.				0500	
3. NAME OF DECEASED (Type or Print)		a. (First) HOWARD		b. (Middle) MEADOW		c. (Last) WALLACE		4. DATE OF DEATH (Month) (Day) (Year) DEC - 30 - 1954	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT - 11 - 1902		9. AGE (in years) (Months) (Days) (Hours) (Min.) 52 2 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHENIST			10b. KIND OF BUSINESS OR INDUSTRY CHANDLER SON ELEC CO.			11. BIRTHPLACE (City and State or Foreign Country) BROOK WOOD ALABAMA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN M. WALLACE			13b. MOTHER'S MAIDEN NAME LULA CAMPBELL			14. NAME OF HUSBAND OR WIFE MRS LORETTA WALLACE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		(If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. 488-07-3243		17. INFORMANT'S SIGNATURE AND ADDRESS MRS LORETTA WALLACE Rt 2, ARNOLD, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer - Hypernephroma						INTERVAL BETWEEN ONSET AND DEATH 4 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____							
19a. DATE OF OPERATION Sept 1, 1954		19b. MAJOR FINDINGS OF OPERATION Hypernephroma Thoracic vertebrae						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 180X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ARNOLD, MO. MISSOURI					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2:15 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180X					
22. I hereby certify that I attended the deceased from Aug 10, 1954 , to Dec 30, 1954 , that I last saw the deceased alive on Dec 30, 1954 , and that death occurred at 2:15 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Alvin C. Schopp, M.D.				23b. ADDRESS 505 Humboldt Bldg.			23c. DATE SIGNED 1/2/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 30 1955		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		24d. LOCATION (City, town, or county) (State) JEFFERSON, MISSOURI			
DATE REC'D BY LOCAL REG. JAN 3 1955		REGISTRAR'S SIGNATURE J. Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. F. FEY FUNERAL HOME 4100 LEMAY TERRACE ST. ST. LOUIS, MO.				

(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 *John S. Bennett*.....
Licensed Embalmer No. *419*.....
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.