

FILED FEB 7 - 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3213**
Registrar's No. **0833**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place)	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 4540a Morganford Rd.		STREET ADDRESS (If rural, give location) 15 4540a Morganford Rd. 2159	

3. NAME OF DECEASED (Type or Print) a. (First) GLEN b. (Middle) LEEPER c. (Last) WALLAR			4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 4, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Sports Editor-St. Globe Democrat		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Langster, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Fayett K. Wallar		13b. MOTHER'S MAIDEN NAME Martha M. Leeper		14. NAME OF HUSBAND OR WIFE May Wallar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 489-07-6969		17. INFORMANT'S SIGNATURE OR NAME ADDRESS May Wallar 4540a Morganford Rd.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung		INTERVAL BETWEEN ONSET AND DEATH 2 years 6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of abdomen		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 163X
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22. I hereby certify that I attended the deceased from **8/28, 1952** to **1/27, 1955**, that I last saw the deceased alive on **1/27, 1955** and that death occurred at **9:45 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter A. Sumner	23b. ADDRESS 4617 Wablen Ave	23c. DATE SIGNED 1/28/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)	24b. DATE 1-30-1955	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Louisville, Kentucky
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DATE REC'D BY LOCAL REG. JAN 28 1955	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.
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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 *Richard W. Storrison*.....

Licensed Embalmer No. *400*.....

P. O. Address

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.