

XC # 44238 03
REG # 9435
SL # 131THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24516

State File No. 5913

BIRTH NO. FILED AUG 4 - 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN UNIVERSITY CITY	
c. LENGTH OF STAY (in this place) 12 DAYS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 6250 CLEMENS	
3. NAME OF DECEASED (Type or Print) a. (First) CURT		b. (Middle) W	
c. (Last) WALLACE		4. DATE OF DEATH (Month) (Day) (Year) 7-8-55	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-21-16
9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	
11. BIRTHPLACE (City and State or Foreign Country) GERMANY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ABRAM WALLACE		13b. MOTHER'S MAIDEN NAME BETTY HOFFMAN	
14. NAME OF HUSBAND OR WIFE HELEN WALLACE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII	
16. SOCIAL SECURITY NO. 063-16-1443		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI	
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) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC GLOMERULO NEPHRITIS DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE 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"/>		INTERVAL BETWEEN ONSET AND DEATH Undetermined	
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) m. VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442X	
22. I hereby certify that I attended the deceased from 6-27-55, 19, to 7-8-55, 19, and that death occurred at 7:00 Am., from the causes and on the date stated above.			
23a. SIGNATURE BY F. Westhaelinger M.D.		23b. ADDRESS VAH, ST. LOUIS, MISSOURI	
23c. DATE SIGNED 7-8-55		24. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-11-55	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 8 1955 G. J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Edward J. Fisher		5611 S. Grand Blvd St. Louis, Mo.

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..... *Ben Goffman*

Licensed Embalmer No. *4*

P. O. Address *K. L. Lee*

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.