

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31627**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003** Registrar's No. **8674**

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri**  
b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Missouri**

c. CITY OR TOWN **St. Louis**  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital, institution, care street address or location) HOSPITAL OR INSTITUTION **DePaul Hospital**

e. STREET ADDRESS (If rural, give location) **5059 Waterman Avenue., g 12 10**

3. NAME OF DECEASED  
a. (First) **Zenobia**  
b. (Middle) \_\_\_\_\_  
c. (Last) **Wallace**

4. DATE OF DEATH **Oct 2, 1955**  
(Month) (Day) (Year)

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Dec 29 1909**  
9. AGE (In years last birthday) **45**  
If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
If UNDER 2 HRS: Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **At Home**

11. BIRTHPLACE (City and State or Foreign Country) **Shreveport, Louisiana**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Richard Buswell**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Oscar G. Wallace**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No Nil**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Oscar G. Wallace, 5059 Waterman Ave.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral arteriosclerosis**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Unknown**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **6 MO**

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 1955**, to **Oct 2, 1955**, that I last saw the deceased alive on **Oct 2, 1955**, and that death occurred at **8:57A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Walter Wright J. MD**

23b. ADDRESS **4161 Jewell**

23c. DATE SIGNED **10/3/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **10-5-55**

24c. NAME OF CEMETERY OR CREMATORY **Lakewood Park**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **OCT 4 1955**

REGISTRAR'S SIGNATURE **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe, 4700 Washington Blvd**

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 *G. W. Wilkin*

Licensed Embalmer No. *2*

P. O. Address *W. La*

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.