IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-030868

STATE FILE NUMBER

AUG 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2-7301

NDED

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 14 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3921 Kennerly — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ephram — Middle: — Last: Wallace
4. DATE OF DEATH: Month 8 — Day 3 — Year 59
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-9-1888
9. AGE (Last birthday): 71 — IF UNDER 1 YEAR: Months 2, Days 24 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Bldg
11. BIRTHPLACE (City and state or country): Tennessee
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Sam Wallace
13b. MOTHER'S MAIDEN NAME: Jane ?
14. NAME OF HUSBAND OR WIFE: --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 429-20-4325
17. INFORMANT: Ruby Patterson — Address: 3921 Kennerly Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hernia, Inguinal, Right with Incarcerated, Strangulated, Perforated Cecum — INTERVAL BETWEEN ONSET AND DEATH: undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 561.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 7-31-59, to 8-3-59 and last saw him alive on 8-3-59
Death occurred at 4:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F.O.Richards (Degree or title) , M.D.
22b. ADDRESS: 2601 Whittier Street
22c. DATE SIGNED: 8-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Aug. 7, 1959
23c. NAME OF CEMETERY OR CREMATORY: Father Dickson Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: Randle & Son — ADDRESS: 3133 Bell Ave.
25. DATE RECD. BY LOCAL REG.: AUG 6 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Esther K. Harris

Signature of Student Embalmer

Licensed Embalmer No. 4450

P. O. Address 418 Mar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.