

# MURRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1960

-60-004386

SENDER

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 69

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> Length of stay in 1b <u>DAYS</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Brentwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>8610 Eager Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Joseph</u> Middle <u>C.</u> Last <u>Wallace</u>				<b>4. DATE OF DEATH</b> Month <u>January</u> Day <u>4</u> , Year <u>1960</u>											
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Negro</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>8/18/</u>		<b>9. AGE</b> (last birthday) <u>71</u>		<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>		<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Janitor</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Watchman Advocate</u>				<b>11. BIRTHPLACE</b> (City and state or country) <u>St. Clair, Mo.</u>				<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>			
<b>13a. FATHER'S NAME</b> <u>Oscar Wallace</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Fannie Goode</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Myrtle Wallace</u>							
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> <u>494-03-9219</u>				<b>17. INFORMANT</b> Address <u>Myrtle Wallace 8610 Eager Road</u>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u> DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH <u>  </u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)											
<b>20c. TIME OF INJURY</b> Hour <u>  </u> a.m. <u>  </u> p.m. Month, Day, Year <u>  </u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>													
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b>				<b>COUNTY</b>		<b>STATE</b>					
<b>21. I attended the deceased from</b> <u>12-21-1959</u> to <u>1-4-1960</u> and last saw her/him alive on <u>1-4-1960</u> Death occurred at <u>10:28pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
<b>22a. SIGNATURE</b> (Degree or title) <u>Charles J. Gates</u>								<b>22b. ADDRESS</b> <u>601 S. Brentwood, Clayton, Mo.</u>		<b>22c. DATE SIGNED</b> <u>1-5-60</u>					
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>1/8/60</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Washington Park Cem.</u>				<b>23d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Mo.</u>							
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Charles J. Gates 4107 Finney Ave.</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>1-8-60</u>				<b>26. REGISTRAR'S SIGNATURE</b> <u>John B. Murphy M.D.</u>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. ~~4580~~ 18

P. O. Address 4107 Finney A

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.