...I DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 25 1960

60-013352 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2977

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 33 Yrs

c. FULL NAME OF (If NOT in hospital, give location) 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): 4726 Cote Brilliante
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Jimmie Middle: Last: Wallace

4. DATE OF DEATH: Month: 3 Day: 12 Year: 60

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/22/06

9. AGE (last birthday): 53

IF UNDER 1 YEAR: Months: 10 Days: 20 IF UNDER 24 HR: Hours: Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY: Record Center

11. BIRTHPLACE (City and state or country): Moralton Ark.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Doc Wallace

13b. MOTHER'S MAIDEN NAME: Cora Wall

14. NAME OF HUSBAND OR WIFE: Edith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Ww2

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT Address: Edith Wallace 4726 Cote Brillia nte

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): Malignant Hypertension
INTERVAL BETWEEN ONSET AND DEATH: Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 445X
DUE TO (c):

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 1-6-60, to 3-12-60 and last saw him alive on 3-12-60

Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sydney L. Brown

22b. ADDRESS: 2601 N. Whittier St.

22c. DATE SIGNED: 3-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/18/1960

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): J.B. Missouri

24. FUNERAL DIRECTOR ADDRESS: Charles J. Gates 4107 Finney

25. DATE RECD. BY LOCAL REG.: MAR 14 1960

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

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 Guyton Sweat

Licensed Embalmer No. 4580

P. O. Address 4107 Fan

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