

No. 2
-5-43
5-17-39
I X36871

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 4 mos.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Wallace S. Condit

3. (b) If veteran, name war. -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Erma Condit 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 31, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	5	13	hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business

12. Name John Condit

13. Birthplace New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Hennrietta McCracken

15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Erma Condit,
(b) Address 1600 Market St.

17. (a) Burial (b) Date thereof Jan. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery.

18. (a) Signature of funeral director Charles Mortenson
(b) Address 4468 Washington-8-

19. (a) JAN 15 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oas

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1600 Market St.
25 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1948 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction 3rd day
after severe pneumonia when
under treatment at St. Louis
326 Walnut Street Grand
Dec 30 94 at 3, 1946

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations. _____

Of autopsy. _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 3 1946

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at (Specify type of place) (e) Means of injury 6 above

While at work? _____

Signature Patrick E. Taylor (M. D. or other) 3
Address Deputy Coroner Date signed 1-15-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Philip M. Leming
Licensed Embalmer No. 3284

P. O. Address Saint Louis -8-

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 this body is not embalmed, fact should be so stated above.