

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35072

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence. No.....

St.....

Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Russell Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 14 - 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

25

11

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

James Kain

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Anna M. Donough

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

(Address)

Russell Walker
5350 Wabada Ave.

15.

DEC 4 1929

Max C. Starkloff

REGISTRAR

791

1003

5350 Wabada Ave

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

10-3 1929

17.

I HEREBY CERTIFY, That I attended deceased from

Sept 19, 1929, to Oct 3, 1929
that I last saw her alive on Oct 2, 1929, and that death occurred, on the date stated above, at 10:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A Embolism of lungs

CONTRIBUTORY (SECONDARY)

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No

DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sputum & X-Ray

(Signed) J. P. Brudack, M. D.

Oct 3, 1929 (Address) 675 Missouri Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cemetery

10-5 1929

20. UNDERTAKER

Arthur J. Donnelly 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

No. Theatre Kelly



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