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.

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

Do not use this space.

37511

File No. 10183

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. [illegible]

Township ..... Primary Registration District No. [illegible]

City St Louis (No. 5641, Clemens Av St. ..... Ward)

2. FULL NAME Maud Chastain

(a) Residence, No. ..... St., 5 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olive Chastain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt. 53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

FATHER

13. NAME John Fallon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary Quinn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Elizabeth Fallon
(ADDRESS) 5641 Clemens Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 19th, 1932

19. UNDERTAKER Arthur J Donnelly Und Co
(ADDRESS) 2039 Kennerly

20. FILED NOV 18 1932, 19 Ray C Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1932, to Nov. 17, 1932

I last saw her alive on Nov. 16, 1932. Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1yr
1931	
4 yrs	
B	
Other contributory causes of importance:	
Chr. Myocarditis	1yr

Name of operation No Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Wm J Langan Jr, M. D.

(Address) 5803 Clymont Av.