JAN 13 1936

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

Do not use this space.

38135

File No.

Registered No. 10200

791

1003

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. 4654 Elmbank St. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Margaret Wallner

(a) Residence, No. 4654 Elmbank St. Ward. 10

(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. 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: Carl Wallner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 23, 1904

7. AGE: Years 31 Months 9 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 Mo.

FATHER

13. NAME: Patrick Hurley

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

MOTHER

15. MAIDEN NAME: Ellen Conran

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

17. INFORMANT (ADDRESS): Carl Wallner 4654 Elmbank St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cemetery DATE: Dec. 4, 1935

19. UNDERTAKER (ADDRESS): J. Kreider 1033 N. Grand Blvd.

20. FILED: DEC 3 1935 19.... J. F. Kredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1935, to Nov 30, 1935

I last saw her alive on Nov 30, 1935. Death is said to have occurred on the date stated above, at 9.50 p.m.

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

	Date of onset
Lobar Pneumonia	Nov 25 1935
Acute cardiac failure	Nov 28 1935

Other contributory causes of importance:

Mitral regurgitation	1919

Name of operation: None Date of

What test confirmed diagnosis? Clinical 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) L. H. Tranger, M. D.

(Address) 705 N. Kingshighway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD