MAY 7 1936

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

Do not use this space.

17144

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. ....., Sanitarium St. ..... Ward)

File No. .....

Registered No. 3903

2. FULL NAME Catherine Nalle

(a) Residence, No. 3518 Utah St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1887

7. AGE: Years 48 | Months 9 | Days 4 | 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. Day Nursery

10. Date deceased last worked at this occupation (month and year) about 1928

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Fredericktown (STATE OR COUNTRY) Missouri

FATHER

13. NAME William M. Nalle

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Mary E Fox

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

17. INFORMANT Richard C. Sinclair (ADDRESS) City Sanitarium

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown Mo DATE April 11 1936

19. UNDERTAKER Albert G. Hoffe Inc. (ADDRESS) 2229 Natural Bridge

20. FILED APR 9 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to April 8, 1936

I last saw her alive on April 8, 1936. Death is said to have occurred on the date stated above, at 5:40 P m.

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

	Date of onset
Bronchopneumonia	4-4-36
Chronic Myocarditis	apx 1930 +
Other contributory causes of importance:	
Dementia Praecox	apx 1930 +

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Richard C. Sinclair, M. D.

(Address) City Sanitarium

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.