

MAY 7 1936

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

Do not use this space.

791

17144

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City *St Louis Mo* (No., *Saint Louis* St. Ward)

File No.

Registered No.

3903

2. FULL NAME *Catherine Wall*(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 4 1887</i>				
7. AGE	YEARS <i>48</i>	MONTHS <i>9</i>	DAYS <i>4</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Governess</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Day Nursery</i>			
	10. Date deceased last worked at this occupation (month and year) <i>March 1928</i>			
		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Fredricktown Missouri</i>				
FATHER	13. NAME <i>William M Wall</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Spartanburg Kentucky</i>			
MOTHER	15. MAIDEN NAME <i>Mary E Fox</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Madisonville Tennessee</i>			
17. INFORMANT (ADDRESS) <i>Richard C Sinclair City of Saint Louis</i>				
18. BURIAL, CREMATION OR REMOVAL PLACE <i>Fredricktown Mo</i> DATE <i>April 11 1936</i>				
19. UNDERTAKER (ADDRESS) <i>Albert H. Hoffe Inc. 229 North Campbell St. St Louis</i>				
20. FILED <i>APR 9 1936</i> REGISTRAR <i>J. H. Bredeck</i>				

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:
*Brain hemorrhage
Chronic Myocarditis*
950
Other contributory causes of importance:
Dementia Praecox
Apr 1936

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 *Richard C Sinclair*, M. D.
(Signed) *Richard C Sinclair*, M. D.
(Address) *City of Saint Louis*

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.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the information gathered is both reliable and comprehensive.

The third section provides a detailed breakdown of the results. It shows that there has been a significant increase in sales over the period covered by the report. This is attributed to several factors, including improved marketing strategies and better customer service.

Finally, the document concludes with a series of recommendations for future actions. These include continuing to invest in marketing, maintaining high standards of customer service, and regularly reviewing financial performance to identify areas for improvement.