JUN 6 1936

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 21309

Township ..... ~~Primary~~ Registration District No. ..... Registered No. 5520

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

2. FULL NAME Hattie Durlin

(a) Residence, No. City Infirmary St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 34 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): May 27 1877

7. AGE: YEARS 58 MONTHS 11 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired Housework
10. Date deceased last worked at this occupation (month and year) About 1902
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt Vernon Indiana

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): A. C. Miller MD. 5300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 5/26/36 19

19. UNDERTAKER (ADDRESS): J. H. Gebken L and U Co 2842 Miramec St

20. FILED MAY 26 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936, to May 23, 1936
I last saw her alive on May 23, 1936 Death is said to have occurred on the date stated above, at 8 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	1936+
Operation for Removal of gall stones & gall bladder	
Other contributory causes of importance:	
Cholecystectomy	1936+
Epilepsy	1904+

26

Name of operation Cholecystectomy Date of May 21
What test confirmed diagnosis? ..... Was there an autopsy? yes

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 none
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) A. C. Miller, M. D.
(Address) 5300 Arsenal

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

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.

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