JUL 14 1936

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

Do not use this space.

24443

File No. 6059

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1324a, McCausland St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mary C. Waltman

(a) Residence, No. 1324a McCausland St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 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	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William W. Waltman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/8/64

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71 ~~72~~	11	~~3~~ 4	

OCCUPATION

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

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

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) Evansville Indiana

FATHER

13. NAME Louis Hoffman

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

MOTHER

15. MAIDEN NAME Sophia Kadel

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

17. INFORMANT W. H. Waltman
(ADDRESS) 1324a McCausland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Terre Haute, Ind. DATE 6/14/36, 19

19. UNDERTAKER ALEXANDER AND SONS
(ADDRESS) 6175 Delmar

20. FILED JUN 12 1936, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19, to June 12, 1936

I last saw h. alive on May 1st, 1936. Death is said to have occurred on the date stated above, at 12 A.M.

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

	Date of onset
Cerebral thrombosis (several attacks)	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Diabetes Mellitus

Name of operation 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? no 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) W N Olmstead, M. D.

(Address) 3720 Washington

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

Dr W. H. Olmstead
Beaumont Reg
8:00 A.M. to 12:30