

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.

AUG 18 1936

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

Do not use this space.

28560

1. PLACE OF DEATH

County
Township
City

Registration District No. **791**
Primary Registration District No. **1003**
(No. **St Johns Hospital**)

File No. **7325**
Registered No.
St. Ward)

2. FULL NAME

MARY G Walters nee Collins

(a) Residence, No. **4120 W. Lexington Ave.** Ward. **10**
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Oliver B Walters**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-20-1867**

7. AGE YEARS **69** MONTHS **0** DAYS **6** IF LESS than 1 day, hrs. or min.

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. **None**
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 **John Collins**

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

MOTHER
15. MAIDEN NAME **Mary Ireland**

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

17. INFORMANT (ADDRESS) **Winifred Mc Guff**

18. BURIAL, CREMATION, OR REMOVAL PLACE **4120 W Lexington**
Calvary Cemetery 7/17/36

19. UNDERTAKER (ADDRESS) **Sullivan Directors**

20. FILED **2649 No Euclid**
Jul 16 1936 **F F Bredbrook**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14**, 19**36**

22. I HEREBY CERTIFY That I attended deceased from **June 21**, 19**36** to **July 14**, 19**36**
I last saw her alive on **July 14**, 19**36** Death is said to have occurred on the date stated above, at **3⁰⁰** P. M.
The principal cause of death and related causes of importance were as follows:

Uremia (acute) Date of onset

Other contributory causes of importance:
Arteriosclerosis
Acute Nephritis
Chronic Nephritis

Name of operation Date of
What test confirmed diagnosis? **Clysis** 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) **Harry H Inger**, M. D.
(Address) **4903 Delmar**

Dr Harry H. Meyer (Fo 7112)

Resident Billy Eichel & Dolman

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