

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7664

1. PLACE OF DEATH
 County St. Louis Registration District No. 689
 Township St. Louis Primary Registration District No. 3033
 City St. Louis (No. 200 N 412 St. 1 Ward) 1

2. FULL NAME Mr. Mallie W. Wren
 (a) Residence, No. 200 N 412 St. 1 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adm. Wren
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-15-67
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 5 14
 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. "
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14 1937
 22. I HEREBY CERTIFY, That I attended deceased from for past 4 yrs to Feb 14 1937
 I last saw him alive on Feb 14 1937 at 10 P m. Death is said to have occurred on the date stated above, at 10 P m.
 The principal cause of death and related causes of importance were as follows:
Uremic Poison
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sanitarium Mo
 13. NAME John Maloney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 15. MAIDEN NAME Rash. Nelson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Adm. Wren (ADDRESS) Sanitarium Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green View DATE 2-17 1937
 19. UNDERTAKER W. F. Buda (ADDRESS) Sanitarium Mo
 20. FILED 2-15 1937 J. H. Meller Registrar.

Other contributory causes of importance: Chronic Nephritis
 Name of operation None Date of 7-10
 What test confirmed diagnosis? Blue 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) J. H. Meller M. D.
 (Address) Louisiana Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

