

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.

MAY 7 1937

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

Do not use this space.

14310

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. 1003)

Registration District No. 791
Primary Registration District No. 1003
Barnes Hospital

File No.....
Registered No. 3806
St..... Ward.....

2. FULL NAME

Cate Wamsley
(a) Residence, No. 4415 Margaretta St., 10 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Edna C. Wamsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>10</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Valuation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eng. Mo. Pac. R.R.
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) Indiana

13. NAME William Wamsley

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

15. MAIDEN NAME Anna Garrett

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

17. INFORMANT Mrs. Edna C. Wamsley
(ADDRESS) 4415 Margaretta Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Yates Center, Kan. DATE April 10, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. APR 9 1937 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 8 .1937

22. I HEREBY CERTIFY, That I attended deceased from 4-7- 1937, to 4-8- 1937
I last saw him alive on 4-8- 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Lobar Pneumonia, left upper lobe Date of onset 4/4/37

Other contributory causes of importance:

cholelithiasis
cholelithiasis

Name of operation none Date of.....

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....
(Signed) John R. Smith M. D.

(Address) Barnes Hospital

