NOV 15 1937

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

36289
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 9866
(c) City ST. LOUIS (d) Street No. 5904 & ENRIGHT AVE. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MOLLIE CATTERTON
(a) Residence, No. 5904 ENRIGHT AVE St. 5
(Usual place of abode, if no street address, write county or city) (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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILLIAM P. CATTERTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 15-1854

7. AGE: YEARS 83 MONTHS 5 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
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) RIPLEY OHIO

FATHER
13. NAME A. JUSTIN COLLINS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME HESTER PARKER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT WILLIAM T. CATTERTON
(ADDRESS) 5904 ENRIGHT AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE CLIFTON HILL MO. DATE OCT 25 1937

19. FUNERAL DIRECTOR C. R. LUPTON AND SONS
(ADDRESS) 4449 OLIVE STREET

20. FILED OCT 25 1937 J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 23RD 1937.

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932 to 10/23, 1937
I last saw her alive on 10/23, 1937. Death is said to have occurred on the date stated above, at 4:45 PM
The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart
no definite heart disease
820

Date of onset

Other contributory causes of importance:
Right sided apoplexy
Hypertension
Thrombosis of right popliteal artery

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Causes Was an autopsy? .....

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, [illegible]
Specify whether injury occurred in industry, in home, or in pub[illegible]
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) O. W. Thie M. D.
(Address) 5938 Kingsbury

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

DR. O. W. THIE
5938 ~~[illegible]~~ KINGSBURY
CA 54845

9866

9866

STATEMENT BY LICENSED EMBALMER

I, C. R. Lupton Jr., Licensed Embalmer No. 2123

hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miles

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed C. R. Lupton Jr.

Licensed Embalmer No. 2901

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)