

JAN 10 1938

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

42838
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Deaconess Hospital** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Catherine M. Carlson
 (a) Residence, No. **306 Baker Ave.** St. **WR** **Webster Groves. Mo.**
 (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) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Carl Arthur Carlson**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 17, 1899**
 7. AGE YEARS MONTHS DAYS If LESS (than 1 day, hrs. or min.)
38 6 13

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. **Housewife**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **2 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky** **2**

FATHER
 13. NAME **John J. McNemamy**

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

MOTHER
 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland** **15**

17. INFORMANT (ADDRESS) **Carl A. Carlson**
306 Baker Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter & Paul 12-3** **19 3**

19. FUNERAL DIRECTOR (ADDRESS) **Kriegshauser Mortuaries**
4228 So. Kingshighway

20. FILED **DEC 2 1937**
J. F. Brudeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-30** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 26,** 19**37,** to **Nov. 30** 19**37**

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **2:37** A.M.

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

Chronic diffuse "Glomerulonephritis"

Date of onset **10/26**

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **Clinical** 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) **Arthur W. Webster** M. D.
 (Address) **Webster Groves Mo.**

WRITE PAINLY, 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.

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STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed: *Edwin P. McDevitt*

Licensed Embalmer No. *3084*

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.)