JAN 10 1938

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

42919
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 11169
(c) City ST. LOUIS (d) Street No. 3916A FLAD. 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 MAE WALTERS.
(a) Residence, No. 3916A FLAD AV. St. 17
(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) WIDOW
5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF HENRY WALTERS.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 17-1873
7. AGE YEARS 64 MONTHS 10 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 4
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER
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) FRANCE 9

FATHER
13. NAME CLOYD MARCHAND
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE 9

MOTHER
15. MAIDEN NAME CLEMENCE GOLETT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE 9

17. INFORMANT (ADDRESS) MARGARET WALTERS, 3916A FLAD AV.
18. BURIAL, CREMATION, OR REMOVAL
PLACE SSP. + P. CEM. DATE DEC 6, 1937
19. FUNERAL DIRECTOR (ADDRESS) E. J. Schnur, 3125 LAFAYETTE AV.
20. FILED DEC 4 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 2, 1937
22. I HEREBY CERTIFY, That I attended deceased from May 2 1936, to December 2, 1937
I last saw her alive on December 1, 1937. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	?
4	
4 8	

Other contributory causes of importance: —

Name of operation Radium + X ray used Date of Mch. 1936
What test confirmed diagnosis? — 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) H. Louis Schnichat, M. D.
(Address) 2200 Chouteau av.

(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.

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STATEMENT BY LICENSED EMBALMER

I, James G Sullivan, Licensed Embalmer No. 2260

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James G Sullivan

Licensed Embalmer No. 2260

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.)