

JAN 10 1938

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

43063
Do not use this space.

7917
1008

11313

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 3730 Evans 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Catherine Wallin
(a) Residence, No. 9710 Evans St. 11
(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 Andrew G. Wallin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 3
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 205
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) Astoria Ill.
13. NAME John McMahon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15
15. MAIDEN NAME Mary Ford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15
17. INFORMANT (ADDRESS) Lawrence Wallin 3730 Evans Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec. 10 1937
19. FUNERAL DIRECTOR (ADDRESS) Cullinane Brothers 1710n Grand Blvd.
20. FILED DEC 8 1937 J. P. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1937, to Dec 8th 1937
I last saw her alive on Dec 8th 1937. Death is said to have occurred on the date stated above, at 6:25 A.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis chronic Date of onset
93C
Other contributory causes of importance:
Asthma Bronchial
Name of operation Date of
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) W. O. ... M. D.
(Address) 1316 A n Grand

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.

899

STATEMENT BY LICENSED EMBALMER

I, Fred Trick, Licensed Embalmer No. 3186

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Fred Trick

Licensed Embalmer No. 3186

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.)