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.

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

23648
Do not use this space.

1. PLACE OF DEATH AUG 12 1938
   (a) County ..... Registration District No. 791
   (b) Township ..... Primary Registration District No. 1603 Registered No. 6342
   (c) City St Louis Mo (d) Street No. 1500 Prather 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 Dora Halpin
   (a) Residence, No. 1500 Prather Ave St. 4
   (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 21, 1874
7. AGE YEARS 64 MONTHS 2 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework.
9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed
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) St. Louis Mo

FATHER
13. NAME John Halpin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Johanna Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Josephine Kelly 1500 Prather
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 16, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Quinn 1389 Union Blvd
20. FILED JUL 15 1938 J. F. Bridick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to July 13, 1938
I last saw her alive on July 11, 1938. Death is said to have occurred on the date stated above, at 9 10 p.m.
The principal cause of death and related causes of importance were as follows:
chronic myocarditis unknown
Date of onset
Other contributory causes of importance:
arterio-sclerosis unknown
Name of operation none Date of
What test confirmed diagnosis? Cause Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following: no
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) [illegible], M. D.
(Address) 3318 S. Grand.

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 1591

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.