

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

40891
 Do not use this space.

JAN 11 1939

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1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No.
 (c) City St. Louis (d) Street No. 3602 Finney Ave. St.
 (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

(a) Residence, No. 430 Isabelle Mallette, St. III
3602 Finney Ave. (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 Louis W. Mallette Sr. (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	72	9	25	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Catawissa (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Woolae

FATHER 14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Henderson

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Mary Barton,
3653 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec. 10, 1938

19. FUNERAL DIRECTOR (NAME) Cullinane Brothers (ADDRESS) 1710 N. Grand Blvd.

20. FILED DEC 8 1938 J. D. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938, to Dec 6, 1938
 I last saw her alive on Dec 9, 1938. Death is said to have occurred on the date stated above, at 9.15 A.M.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
Endocarditis, chronic
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Y

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) C. D. Omer, M. D.

(Address) 1316 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.

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.....

Fred Trick

Licensed Embalmer No. *3186*

P. O. Address

St. Louis, Mo.

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.)

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