

79 STANDARD CERTIFICATE OF DEATH

34633

State File No. \_\_\_\_\_

Registration District No. 1008 Primary Registration District No. \_\_\_\_\_ Registrar's No. 9171

1. PLACE OF DEATH: LIE NOV 13 1939  
 (a) County St. Louis  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: 3730 Evans Ave.  
 (d) Length of stay: \_\_\_\_\_  
 In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (d) Street No. 3730 Evans Ave.  
 (e) If foreign born, how long in U. S. A.? 70 years

3. (a) PRINT FULL NAME Andrew G. Wallin, 450  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Catherine Wallin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept 20 1849

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 24 year 39 hour 6 Pm minute \_\_\_\_\_ M. \_\_\_\_\_  
 21. I hereby certify that I attended the deceased from Oct. 20/39, 1939, to Oct. 24, 1939; that I last saw him alive on Oct. 24, 1939; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>1</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Broncho Pneumonia  
 Due to Bronchitis acute and arterial sclerosis  
 Due to \_\_\_\_\_

9. Birthplace Sweden  
 10. Usual occupation Building Contractor  
 11. Industry or business Retired  
 12. Name Gustave Wallin  
 13. Birthplace Sweden  
 14. Maiden name Mary  
 15. Birthplace Sweden

Other conditions \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant's own signature Louise G. Wallin  
 (b) Address 3730 Evans Ave.  
 17. (a) Burial (b) Date thereof Oct. 27, 39  
 (c) Place: burial or cremation Calvary Cemetery  
 18. (a) Signature of funeral director Cullinane Bros.  
 (b) Address 1710 N. Grand Blvd.  
 19. (a) OCT 26 1939 (b) J. F. Beduch

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 23. Signature C. S. Dorman (M. D. or other) 1  
 Address 1816 N. Grand Date signed 10-25-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 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 Frick

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.**