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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36029

FILED DEC 1 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9724

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 209
(If outside city or town limits, write "RURAL")

(d) Street No. 2300a Benton St.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAMIE KIELY WAHLBRINK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife William Wahlbrink

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 25th (Day) 1882 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 60 | 2 | ~~15~~ 25 | hr. min. |

9. Birthplace Brooklyn, New York (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Tuohy
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Bridget Keavney
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mr. William Wahlbrink
(b) Address 2300a Benton Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 No. Euclid Ave.,

19. (a) NOV 23 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 20th year 1942 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from November 7, 1942, to November 20, 1942, that I last saw her alive on November 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Brain Tumor

Due to Malignant

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain Tumor - Malignant
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other) M.D.
Address 4952 Maryland Date signed 11/21/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Klemme
4952 Maryland Av.
Fo. 0673.

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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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

**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, fact should be so stated above.**