

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38186

Registrar's No.

FILED DEC 16 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 128 East Etta
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

3. (a) PRINT
FULL NAME

Katherine Wallace

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive
7. Birth date of deceased June 18th 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 5 0
hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House-work

11. Industry or business At Home

12. Name John Reilly

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Olive Myers

(b) Address 5002 Nottingham

17. (a) Burial (b) Date thereof Nov 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert

(b) Address 1905 South Grand Blvd

19. (a) NOV 19 1942 (b) C. E. McDaniel
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 128 East Etta
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Feb 24 1932, to Nov 18 1942
that I last saw her alive on Nov 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage Duration 1 day
Due to Thrombosed arteriosclerosis

Other conditions Chronic myocardial degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy -
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Walter D. Dand (M. D. or other)
Address 3903 Oak St Date signed 11/19/42
St. Louis, Mo

DEC 11 1943

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.....

John Ketter

Licensed Embalmer No.....

3880

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.