

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

Do not use this space.

32340

1. PLACE OF DEATH

County..... Registration District No. 701 File No.
 Township..... Primary Registration District No. 1003 Registered No. 9758
 City St. Louis (No. St. Anthony's Hospital) St. Ward)

2. FULL NAME

Margaret Wallace
 (a) Residence, No. 1921 Bacon St. 11 Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 (OR) WIFE OF Thomas Wallace

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 0

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY)

10. NAME OF FATHER James W. Shornack

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hanna Wallace

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

14. INFORMANT Thomas Wallace
 (Address) 1921 Bacon St

15. FILED SEP 31 1927 Max C. Starckoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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 16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 30 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1927, to Oct 30, 1927 that I last saw h. F.A. alive on Oct 30, 1927, and that death occurred, on the date stated above, at 3:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism
106A
acute suppurative bronchitis (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) non tubercular (duration) yrs. mos. da. 5

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. S. Melcor, M. D.

10/31, 1927 (Address) University Club Bldg
 *State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL barony DATE OF BURIAL 10-2 1927

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wesley

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

Per Mr. King
Occurrence Sheet Bc

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