CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

JUN 12 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18826

Township ..... Primary Registration District No. 1003 Registered No. 5402

City St. Louis, Mo. (No. 3013 Kossuth Av. St. ..... Ward)

2. FULL NAME Esther J. Wirstad.

(a) Residence, No. 3013 Kossuth Av. St., 10 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ole O. Wirstad.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1885.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) St. Louis, Missouri.

FATHER

13. NAME Thomas McGowan.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio.

MOTHER

15. MAIDEN NAME Margaret Castigan.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

17. INFORMANT (ADDRESS) Patricia McGowan 3013 Kossuth Av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE June 1, 1937

19. UNDERTAKER (ADDRESS) Bergesch Undertaking Co. 3561 Washington Bl.

20. FILED MAY 31 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1936, to May 29, 1937

I last saw her alive on May 28, 1937. Death is said to have occurred on the date stated above, at 9:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary	3/1/35
Other contributory causes of importance: Pyelocystitis	12/5/36
No stones	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Findings Was there an autopsy? No

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) Victor E. Hraecker, M. D.

(Address) 1205 Mo Bldg

Markle