

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D MAR 14 1938

5088
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **1713**
 (c) City *St. Louis* (d) Street No. *Children's Hospital* St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Marcella O'Fallon* **610**

(a) Residence, No. St. **WR.** *O'Fallon, Mo.*
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-5-26*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. *Chiropractor*
 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) *O'Fallon, Mo.*

FATHER 13. NAME *Dominic O'Fallon*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Josephville, Mo.*

MOTHER 15. MAIDEN NAME *Blanche Post*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greenbatter, Mo.*

17. INFORMANT (ADDRESS) *W. Blum*
500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE *O'Fallon, Mo.* DATE *FEB 18 1938*

19. FUNERAL DIRECTOR (ADDRESS) *R. H. Hopper*
429 N. Euclid Avenue

20. FILED *J. D. Wreath*
FEB 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-16-1938*

22. I HEREBY CERTIFY, That I attended deceased from *2-15-1938*, to *2-16-1938*, 1938

I last saw her alive on *2-16-1938* Death is said to have occurred on the date stated above, at *4:30 PM*

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

Measles Post-measles encephalitis non epidemic

Date of onset
2-10-38
2-14-38

Other contributory causes of importance: *7*

Name of operation *None* Date of

What test confirmed diagnosis? *None* 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) *Ralph W. Darlow*, M. D.

(Address) *500 S. Kings Highway*

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 1122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed J. B. Sullivan

Licensed Embalmer No. 1122

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.)