

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

16233

Do not use this space.

4094

1. PLACE OF DEATH

(a) County | Registration District No.
(b) Township | Primary Registration District No.
(c) City ST LOUIS (d) Street No. ST ANTHONY HOSPITAL Registered No.
(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. da.

2. PRINT FULL NAME

(a) Residence, No. 3953 HUMPHREY St. 16
(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 (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 1, 1890

7. AGE YEARS 47 MONTHS 8 DAYS 1 | If LESS than 1 day, hrs. or min.

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. HOUSEWIFE
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) MO. 013. NAME WENDELIN KNABS 614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 115. MAIDEN NAME AUGUSTA KAEMMERER16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY.17. INFORMANT (ADDRESS) WALTER J. MONAGHAN
3953 HUMPHREY18. BURIAL, CREMATION, OR REMOVAL PLACE ST MATHEWS DATE MAY 4 193819. FUNERAL DIRECTOR (ADDRESS) LAWRENCE MULLEN
5765 DELMAR BLVD.20. FILED MAY - 3 1938 J. D. Brudeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 2 193822. I HEREBY CERTIFY, That I attended deceased from may 4, 1938 to may 2, 1938I last saw her alive on may 1, 1938. Death is said to have occurred on the date stated above, at 7 A m.

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

Tuberculosis (Pulmonary) Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? X-Ray - dot 2/2/38 Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Paul J. Wainwright M. D.(Address) 115 Paul Brown Bldg
St. Louis

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

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

L. E.

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

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

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.)