

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

33845  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
(b) Township ..... Primary Registration District No. .... Registered No. 8831  
(c) City St. Louis (d) Street No. Missouri Pacific Hospital  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Maude B. Walburn

(a) Residence, No. 2805 A. Eads Ave St. 23  
(Usual place of abode, if no street address, write county or city) (If poor, 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 E. B. Walburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 1 7

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. At Home  
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) Missouri

13. NAME Charles W. Buck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Emma Hempewolf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) E. B. Walburn 2805 A. Eads

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cemetery DATE October 11 1938

19. FUNERAL DIRECTOR (ADDRESS) Peetz Brothers 3029 Lafayette Ave

20. FILED OCT 10 1938 J. A. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1938

22. I HEREBY CERTIFY That I attended deceased from Oct. 7 1938 to Oct. 7 1938

I last saw her alive on Oct. 7 1938 Death is said to have occurred on the date stated above, at 7 p. m.

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

DIABETES MELLITUS DIABETIC COMA Date of onset 10/6/38

Other contributory causes of importance: SCHEM RECTAL ABSCESS RT 10/2/38

Name of operation: Drainage of Abscess Date of 10/7/38  
What test confirmed diagnosis? Blood Sugar 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) J. A. Bredeck, M. D.

(Address) Missouri Pacific Hospital

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, Frank J. Owens, Licensed Embalmer No. 2245

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ~~2245~~

working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

**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.)**