

REC'D DEC 12 1938

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

37511  
Do not use this space.

791

9838

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City or St. Louis, Mo. (d) Street No. St. Johns 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

MARY Mc ANA  
(a) Residence, No. 921 PARK AV St. 23 (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 (OR) WIFE OF JOHN Mc ANA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 25-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
77 10 17

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. HOUSEWORK  
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.

13. NAME UNK. MULLEN

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) John Mc ANA  
921 PARK AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE NOV 15-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schum  
3125 Lafayette

20. FILED NOV 14 1938 J. J. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 12 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1 - 1935, to Nov - 12 - 1938  
I last saw her alive on Nov - 12 - 1938 Death is said to have occurred on the date stated above, at 12:30 Am.  
The principal cause of death and related causes of importance were as follows:

3 graduated Ventral Hernia Date of onset 11-11-38

Other contributory causes of importance:  
Chronic myocarditis 1-1-35

Chronic Vascular Renal Disease with Hypertension 1-1-35

Name of operation Repair of Hernia Date of 11-11-38  
What test confirmed diagnosis? Clinical 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) H. J. Rasmussen M. D.  
(Address) 4390 N. Pine Bl

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Jose B. Wallmer*.....

Licensed Embalmer No. *4014*.....

P. O. Address *3125 Lafayette Ave.*.....

**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.)**

**If this body is not embalmed, above space should be left blank.**