

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No.....)

19502
File No.....
Registered No. **6079**
St..... Ward)

2. FULL NAME

Sam Remlet

(a) Residence. No. **2320^a Morgan St.**, **21** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** | 4. COLOR OR RACE **colored** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF **Leatha Remlet**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 23 1888**

7. AGE YEARS **39** MONTHS **5** DAYS **6** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Labor**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; (STATE OR COUNTRY) **Miss**

10. NAME OF FATHER **J. C. Remlet**

11. BIRTHPLACE OF FATHER (CITY OR TOWN; (STATE OR COUNTRY) **Miss**

12. MAIDEN NAME OF MOTHER **Margie Cooker**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; (STATE OR COUNTRY) **Miss**

14. INFORMANT **Leatha Remlet**
(Address) **2320 Morgan St**

15. FILED **6 1950**
REGISTRAR **Max E. Stanley**

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 31st 1928**

17. I HEREBY CERTIFY, That I attended deceased from **May 21st 1928**, to **May 31st 1928**, that I last saw him alive on **May 31st 1928**, and that death occurred, on the date stated above, at **1:00 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema
100
110A (duration) yrs. mos. da.
CONTRIBUTORY **Lobar Pneumonia**
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH **Unknown**

DID AN OPERATION PRECEDE DEATH? **No**. DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**
(Signed) **G. W. D. Baker**, M. D.
, 19 (Address) **932 E. N. 14th St**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Washington Cemetery** DATE OF BURIAL **June 6 1928**

20. UNDERTAKER **Remlet & Son** ADDRESS **2700 Wash St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

