

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

Do not use this space.

8379

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. 1003 File No. 2034
 City St. Louis (No. 50615, Delmar Boulevard Registered No. 2034 Ward)

2. FULL NAME

(a) Residence. No., 50615 Delmar Boulevard, 12 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

Female White Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 8 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) _____

10. NAME OF FATHER Joseph LaMarsh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

14. INFORMANT George D. Davis (Address) 50615 Delmar Ave

15. FILED 13 1929 Max C. J. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11th, 1929, to death Feb. 12, 1929, that I last saw him alive on Feb. 11th, 1929, and that death occurred, on the date stated above, at 3:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza 936
903
 (duration) _____ yrs. _____ mos. 3 ds.
 CONTRIBUTORY Chronic Myocarditis (SECONDARY)
 (duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical diagnosis

(Signed) Edwin Sauter M. D.

Feb. 12, 19 29 (Address) 1331 N. 7th 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 _____ DATE OF BURIAL _____

Graveside, Ill Feb-14 1929

20. UNDERTAKER _____ ADDRESS _____

Math. Hermann & Son 216 E. 1st Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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