

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

Do not use this space.

12650

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

3183

City.....

(No.....)

*Carward Hospital*

St.....

Ward.....

**2. FULL NAME**

(a) Residence. No. *4395 Chautau* St., *18* 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**

*Male*

**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**

*Christine Clemel*

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

*Nov. 17, 1853*

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

*75*

*3*

*24*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

*Night Watchman*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Over Bros Foundry*

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*Germany*

**10. NAME OF FATHER**

*Andy Clemel*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Germany*

**12. MAIDEN NAME OF MOTHER**

*Unknown*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Germany*

**14.**

INFORMANT

(Address)

*Christine Clemel*

*4395 Chautau*

**15.**

FILED

19.....

*Wm C Stork*

REGISTER

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

*3/11/29* 19

**17.**

I HEREBY CERTIFY, That I attended deceased from *3-7-29*, 19, to *3-11-29*, 19, that I last saw him alive on *3-11-29*, 19, and that death occurred, on the date stated above, at *5:25 pm*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Carcinoma Tongue*

*43*

*4:5 P*

*10:07 A*

(duration) yrs. mos. ds.

*6*

CONTRIBUTORY

*Broncho - Pneumonia*

(SECONDARY)

(duration) yrs. mos. ds.

*2 ds*

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *Yes*

DATE OF

*3-9-29*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?

*clinical - Myrosin*

(Signed)

*C. A. Rosenbaum, M. D.*

, 19

(Address) *3427 Washington*

\*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

*Altheimer, Mo*

*3/14 1929*

**20. UNDERTAKER**

ADDRESS

*Theo. H. Beiderwieden*

*1936 St. Louis Ave*

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.

18  
10  
10  
10

