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

Do not use this space.

20187

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Mo Bapt Hosp St. ..... Ward)

File No. .....

Registered No. 5858

2. FULL NAME Leah Elizabeth Tamme

(a) Residence. No. 6953 Etzel Ave St., 12 Ward. St Louis Co Mo.
(Usual place of abode) (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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Charles D. Tamme

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	2	19	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Houston
(STATE OR COUNTRY) Texas

PARENTS

10. NAME OF FATHER Wm Gallivey

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

12. MAIDEN NAME OF MOTHER Sallie Longworth

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

14. INFORMANT Mrs Charles D. Tamme
(Address) 6953 Etzel Ave

15. FILED MAY 28 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1926 to May 25, 1929 that I last saw her alive on May 25, 1929, and that death occurred, on the date stated above, at 4.30 P.m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Colon Chronic Pneumonia (Myocarditis Chr Parenchymatous Nephritis)

59 (duration) ..... yrs. ..... mos. 5 ds.

10% CONTRIBUTORY (SECONDARY) Diabetes Mellitus

131 (duration) 15 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? —

(Signed) Frank Hinckey, M.D.

, 19 (Address) Humboldt Bldg

*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
Mt Lebanon Cem	5-28 1929
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch	5966 Easton 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.

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