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

Do not use this space.

11632

File No. 2855

Registered No.

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 1003

City St Louis (No. 1607 Texas St. Ward)

2. FULL NAME Joseph W. Tremayne

(a) Residence, No. 1607 Texas St., 23 Ward.
(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)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella C Tremayne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 23 - 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73	11	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired (candler) R.R.

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

(c) Name of employer Frisco R.R.

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER John Tremayne

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

12. MAIDEN NAME OF MOTHER Mary Ellis

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

14. INFORMANT Ella C Tremayne
(Address) 1607 Texas Ave

15. FILED ..., 19 Mar C. Marler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/2 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/18, 1931, to Mch 2, 1931, that I last saw him alive on 3/2, 1931, and that death occurred, on the date stated above, at 10:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

HD

Iron

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Lacerations

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J H Cauthen, M. D.

3/4, 1931 (Address) 1514 So Jefferson

*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
Bellefontaine Cem.	Mar 5th 1931

20. UNDERTAKER	ADDRESS
Fred M Williams	4535 Washington

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.