

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

Do not use this space.

✓ 35783

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 2003
City St. Louis No. 3531 Humphrey St.

File No. 10289
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 3531 Humphrey St. Ward. 16
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 10th 1908</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>6</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Radio Service</u>	11. Total time (years) spent in this occupation <u>8</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Schmidt Music Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Mar. 1930</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Oscar M. Damm</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Maggie Hobbe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT <u>Oscar M. Damm</u> (ADDRESS) <u>3531 Humphrey</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Helens Park</u> DATE <u>Mar 8th 1931</u>		
19. UNDERTAKER <u>W. Schumacher</u> (ADDRESS) <u>2013 Mercantile Bldg.</u>		
20. FILED <u>127-6-1931</u> <u>W. C. Starkey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 5th 1931

22. I HEREBY CERTIFY that I attended deceased from Sept 27 1931 to Oct 5 1931
I last saw him alive on Oct 4th 1931 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
1162
Pneumonia Acute with effusion
Other contributory causes of importance:
110

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Pneumonia
(Signed) Daniel V. Wood M. D.
(Address) 31040. Grand Blvd

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.

V. NO. 2.

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Grand.