

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.

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

Do not use this space.

39648

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 003
 City St. Louis (No. 4136a N Broadway) St. Ward)

File No.
 Registered No. 11860
 St. Ward)

2. FULL NAME

Carl Eugene Lemmons

(a) Residence, No. 4136a N Broadway St., 9 Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18th 1931

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Wm. Lemmons
 14. BIRTHPLACE (CITY OR TOWN) Advance (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Opal Jones
 16. BIRTHPLACE (CITY OR TOWN) E. Dix (STATE OR COUNTRY) Mo.

17. INFORMANT Nurain Lemmons (ADDRESS) 4136a N Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathalla DATE Nov 28 1931

19. UNDERTAKER Wagoner (ADDRESS) 3621 Olive St.

20. FILED Nov 27 1931 Miss E. H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1931 to Nov 26 1931
 I last saw him alive on Nov 26 1931. Death is said to have occurred on the date stated above, at 9 P m.
 The principal cause of death and related causes of importance were as follows:

Bencho Newman's Primary
1079 / 072
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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? Yes

If so, specify Remmedt's (Signed) Remmedt's M. D.
 (Address) 3802 N Grand Blvd.

Date of onset Nov 24 1931

