

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

Do not use this space.

24932

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1002
City St. Louis No. City Hospital #1 St. Ward)

File No.
Registered No. 7107
St. Ward)

2. FULL NAME

(a) Residence, No. 2110 So 9th St. 23 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 <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>Sept. 7th 1931</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>10</u>	<u>24</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>nil</u>
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) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
13. NAME <u>Elmer Marmou</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Venice Ill.</u>		
15. MAIDEN NAME <u>Jesse Minard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
17. INFORMANT <u>Elmer Marmou</u> (ADDRESS) <u>2110 So 9th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Aug 2nd 1932</u>		
19. UNDERTAKER <u>Walter H. Hildebrand</u> (ADDRESS) <u>2335 So. Broadway</u>		
20. FILED <u>AUG - 1 1932</u> <u>Chas. C. Starck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31st 1932

22. I HEREBY CERTIFY That I attended deceased from no physician attendance, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 4th m.

The principal cause of death and related causes of importance were as follows:

107A
Broncho Pneumonia
(Primary)
Other contributory causes of importance:
107B
107C

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?..... 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 Injury
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) [Signature] M.D.
(Address) [Address]

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.

11/32

