

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

Do not use this space.

30987

1. PLACE OF DEATH

County Registration District No. *783*
Township Primary Registration District No. *2000*
City *St. Louis Mo.* (No. *4626*) *Moraine*

File No.
Registered No. **8710**
St. Ward)

2. FULL NAME

(a) Residence, No. *4626 Moraine* St., *11* 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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widower</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>October 15-1861</i>		
7. AGE	YEARS <i>70</i>	MONTHS <i>11</i>
	DAYS <i>11</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Park</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Watchman</i>	
	10. Date deceased last worked at this occupation (month and year) <i>6-1920</i>	11. Total time (years) spent in this occupation <i>10 yrs.</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Maryland</i>		
FATHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i> <i>318</i>	
	15. MAIDEN NAME <i>Elenora Unknown</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
	17. INFORMANT <i>Mrs Jennie Kramme</i> (ADDRESS) <i>4626 Moraine</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cahary Cemetery</i> DATE <i>Sept 29 1932</i>		
19. UNDERTAKER <i>E. J. Scherer</i> (ADDRESS) <i>3125 Lafayette Ave</i>		
20. FILED <i>SEP 28 1932</i> <i>C. Parker</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 26 1932*

22. I HEREBY CERTIFY, That I attended deceased from *June 15 1932* to *Sept 26 1932*
I last saw him alive on *Sept 24 1932*. Death is said to have occurred on the date stated above, at *8:30A.m.*
The principal cause of death and related causes of importance were as follows:
Carcinoma involving left lower jaw on a left side of neck.
Primary in left lower jaw
Other contributory causes of importance:
*115V
53E 4510*

Date of onset	<i>About 5 months</i>
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Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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? *No*
If so, specify
(Signed) *Peter A. E. M.* , M. D.
(Address) *4701 St. Louis Ave.*

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.

U.S. NO. 2

