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

Do not use this space.

37075

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1160 — File No.

10 Township ~~Central Park~~ — Primary Registration District No. 4470 — Registered No. 94

5 City University City (No. 7007 Melrose Ave. St. ..... Ward)

JAN 5 1933

2. FULL NAME Charles Tamme

(a) Residence, No. 7007 Melrose Ave. St., ... Ward. (If nonresident, give city or town and State)
(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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher retired

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) Germany

FATHER

13. NAME Fred Tamme

14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Germany

17. INFORMANT Mr. Wm. L. Tamme (ADDRESS) 4643 Magnolia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cemetery DATE Nov. 4, 1932

19. UNDERTAKER Geo. L. Pleitsch Inc. (ADDRESS) 5966 Easton Ave.

20. FILED Nov 1, 1932 Lena V. Moeller Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931 to Nov 1, 1932

I last saw him alive on Oct 31, 1932. Death is said to have occurred on the date stated above, at 3:15 a.m.

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

	Date of onset
Carcinoma of Rt. inguinal region involving small intestine	

Other contributory causes of importance:

Carcinoma of penis

Name of operation Removal by operation Date of Sept 11, 1931

What test confirmed diagnosis? Path. Clinic 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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Leo P. Talty Jr. M. D.

(Address) 6677 Delmar.

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