

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

Do not use this space.

37642

1. PLACE OF DEATH

County 1 Registration District No. 5082 File No. 10320
 Townshp. St. Louis Primary Registration District No. North 20th Street Registered No. 10320
 City St. Louis (No. 3409) St. 20 Ward.

2. FULL NAME

(a) Residence, No. 3409 N. 20th St. 20 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Jan. 31, 1930

7. AGE YEARS 2 MONTHS 9 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) St. Louis Mo 1

FATHER 13. NAME Raymond E. Lemke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin 2

MOTHER 15. MAIDEN NAME Gertrude Becker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 1

17. INFORMANT (ADDRESS) Raymond E. Lemke 3409 N. 20th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 23, 1932

19. UNDERTAKER (ADDRESS) Math. Hermann Co. Inc. 1211 East Fair St.

20. FILED NOV 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Nov 21, 1932, to Nov 21st, 1932

I last saw him alive on Nov 21st 10:30 AM, 1932. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

11A
1974
Bacterial pneumonia Nov 19-32
Secondary
Other contributory causes of importance: "Fetus" / 11A Nov 17-32

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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?
 If so, specify _____

(Signed) Alfred J. Ward M. D.
 (Address) 2743 Woodland 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.

