

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

Do not use this space.

14614

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 23

City St. Louis No. City Hospital

File No.

Registered No. 4599

2. FULL NAME

(a) Residence, No. 4038 a no Broadway 9 St. Ward 9
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) April 27-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
3

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

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

13. NAME Otto Stremmel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newburg

15. MAIDEN NAME Edna Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grove Oklahoma

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE May 25 1933

19. UNDERTAKER H. D. Richardson (ADDRESS) City Hospital

20. FILED 21 1933 B. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27th 1933, to April 30th 1933
I last saw him alive on April 30th 1933 Death is said to have occurred on the date stated above, at 12:10 P.M.

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

Premature Date of onset
(± 7-8 months gestation)

159
159
Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Henry Dunt, M. D.
(Address) City Hospital

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.

