

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

Do not use this space.

24689

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Finmin Desloge Hospital) Registered No. 6090 (If nonresident, give city or town and State)
 St. Ward.

2. FULL NAME

Robert Owen Kim
 (a) Residence, No. 8905 N. 66th U. City St., 18 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lula Dunham
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 - 1885
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 4 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Asphalt Work
 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) Missouri

FATHER
 13. NAME Seherl Dunham

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

MOTHER
 15. MAIDEN NAME Malinda Yelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs. Lula Dunham
905 90th 66 street

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery July 12 1933

19. UNDERTAKER (ADDRESS) Jos. W. Clark
1125 Hodgsonmont ave

20. FILED 11 12 1933 J. P. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to July 10 1933
 I last saw him alive on July 10 1933. Death is said to have occurred on the date stated above, at 9:40 A.M.
 The principal cause of death and related causes of importance were as follows:

Ac. haetic Meningitis
34
79A
34
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis: Sp. Wass. 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) Mrs. Albertoli (Shertoli) M. D.
 (Address) 1325 S. Grand

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.

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