

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.

MAR 24 1934

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

Do not use this space.

791

7193

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.
City St. Louis, Missouri (No. St. Louis, Children's Hospital St. 500 S. Kings Highway Ward)

2. FULL NAME Osmond Lorance

(a) Residence, No. 3308 = Sherman St. St. 17 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 1/2 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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-9-22
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 2 13

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, Missouri

FATHER 13. NAME Osmond Lorance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER 15. MAIDEN NAME Dora C. Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

17. INFORMANT M. Mersbmann
(ADDRESS) 500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE New Richer DATE Feb. 28, 1934

19. UNDERTAKER Wesley Bury
(ADDRESS) 2301 S. Grand

20. FILED Feb 28 1934 J. W. Bredeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1934, to 2-25, 1934

I last saw him alive on 2/25, 1934 Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Nephritis, acute Parenchymatous 2-9-34
1299
1290
Other contributory causes of importance:
otitis Media, Bilateral
Peritonitis

Name of operation..... Date of.....
What test confirmed diagnosis? Urine spx. 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) E. J. Hlasosok M.D.
(Address) St. Louis Childrens Hospital

