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.

DEC 13 1934

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

Do not use this space.

41248

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5747 Etzel Ave. St. ..... Ward)

File No. ..... Registered No. 11236

2. FULL NAME ~~Paul~~ Paul De Lombarde

(a) Residence, No. 5743 Etzel Ave St., 6 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora De Lombarde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 10th 1848

7. AGE: YEARS 86 | MONTHS 8 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

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) Belgium

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Dora De Lombarde 5743 Etzel Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 26th 1934

19. UNDERTAKER (ADDRESS) Mullen Und Co 5165 Delmar Bl.

20. FILED NOV 25 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Nov 24, 1934

I last saw him alive on Nov. 21, 1934. Death is said to have occurred on the date stated above, at 2.30 Am.

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

Prostatic Hypertrophy (Prostatic obstruction cause by Hypertrophy of prostate) — Date of onset 1 year (about)

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Other contributory causes of importance: 1625 enuity

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Name of operation no Date of —

What test confirmed diagnosis? — 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) Wm J. Langan Jr, M. D.

(Address) 5803 Plymouth Av.