

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.

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

Do not use this space.

JAN 24 1933

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **2003**

City *St. Louis* (No. *15663*)

City *St. Louis*

File No. **45103**

Registered No. **12260**

St. Ward)

2. FULL NAME

(a) Residence, No. *2844 1/2 Grand St.* **10** Ward.

(If nonresident, give city or town and State)

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 *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 *Genevieve Deemar*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 2, 1861*

7. AGE YEARS *73* MONTHS *3* DAYS *24* | If LESS than 1 day, hrs. or min.

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

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. Charles Mo.*

13. NAME *Albert Deemar*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Peters Mo.*

15. MAIDEN NAME *Mary Frendley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Peters Mo.*

17. INFORMANT (ADDRESS) *Warp 477 City St. St. Louis*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Calvary* DATE *12-28-1932*

19. UNDERTAKER (ADDRESS) *Prudent Und. Co. 3710 N. Grand Blvd. St. Louis*

20. FILED *1933* *Jan 24* *145* *Joe J. Bredeck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/26* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *12/19* 19*32* to *12/26* 19*32*

I last saw him alive on *12/26* 19*32* Death is said to have occurred on the date stated above, at *4:30* a.m.

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

Carcinoma of Colon
465
465 *465*
Other contributory causes of importance:
Multiple Metastases to Liver

Name of operation..... Date of.....
What test confirmed diagnosis? *Autopsy* 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) *W. H. Mc Cain*, M. D.

(Address) *City St. Louis*

