

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.

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

Do not use this space.

APR 29 1935

**791
1003**

11341

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3247 = Oregon av) St. Ward)

File No.....
Registered No. **2999**
St. Ward)

2. FULL NAME

Adolph Tamm
(a) Residence, No. 3247 = Oregon St., 24 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillie Tamm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1 - 1883</u>		
7. AGE	YEARS	MONTHS
	<u>51</u>	<u>11</u>
		DAYS
		<u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rate Payer</u>		
10. Date deceased last worked at this occupation (month and year)..... Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
13. NAME <u>John Tamm</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
15. MAIDEN NAME <u>Anna Fernstein</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Lillie Tamm</u> (ADDRESS) <u>3247 = Oregon av</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Hope</u> DATE <u>Apr 1 1935</u>		
19. UNDERTAKER <u>Ziegler Bros</u> (ADDRESS) <u>2623 Laboratory St</u>		
20. FILED <u>April 19 1935</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 - 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Cor. Arteriosclerosis
Other contributory causes of importance:
131

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Harold Bell M. D.
(Address) 1135

