

WRITE PAINLY, 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.

NOV 27 1935

33801

1. PLACE OF DEATH

County St. Louis Registration District No. 333
 Township St. Ferdinand Primary Registration District No. 4468
 City Robertson (No. _____) St. _____ Ward _____

2. FULL NAME

Charles Diamond
 (a) Residence, No. 4708 Newberry Tenase, St. Louis (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>Michael Diamond</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 73</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>-</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Buy's & Burlap</u>
	10. Date deceased last held this occupation (month and year) <u>Sept. 1935</u>	11. Total time (years) spent in this occupation <u>20</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Urban</u>	
FATHER	13. NAME <u>Benjamin Diamond</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Patrol</u>
	15. MAIDEN NAME <u>Galla Miriam</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Patrol</u>	
	17. INFORMANT <u>Mrs. S. R. Rayman</u> (ADDRESS) <u>4708 Newberry Ten.</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Broth-Ham-Hag</u> DATE <u>Oct 2nd</u> 19 <u>35</u>		
19. UNDERTAKER <u>H. B. Bengel</u> (ADDRESS) <u>4715 McAnissee Ave.</u>		
20. FILED <u>10/2</u> 19 <u>35</u> <u>W. A. Zittler</u> Registrar. <u>Rev. C. Smith</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1935, to October 2, 1935.
 I last saw him alive on October 2, 1935. Death is said to have occurred on the date stated above, at 23:00 m.
 The principal cause of death and related causes of importance were as follows:
Terminal pneumonia Date of onset 9/30-35

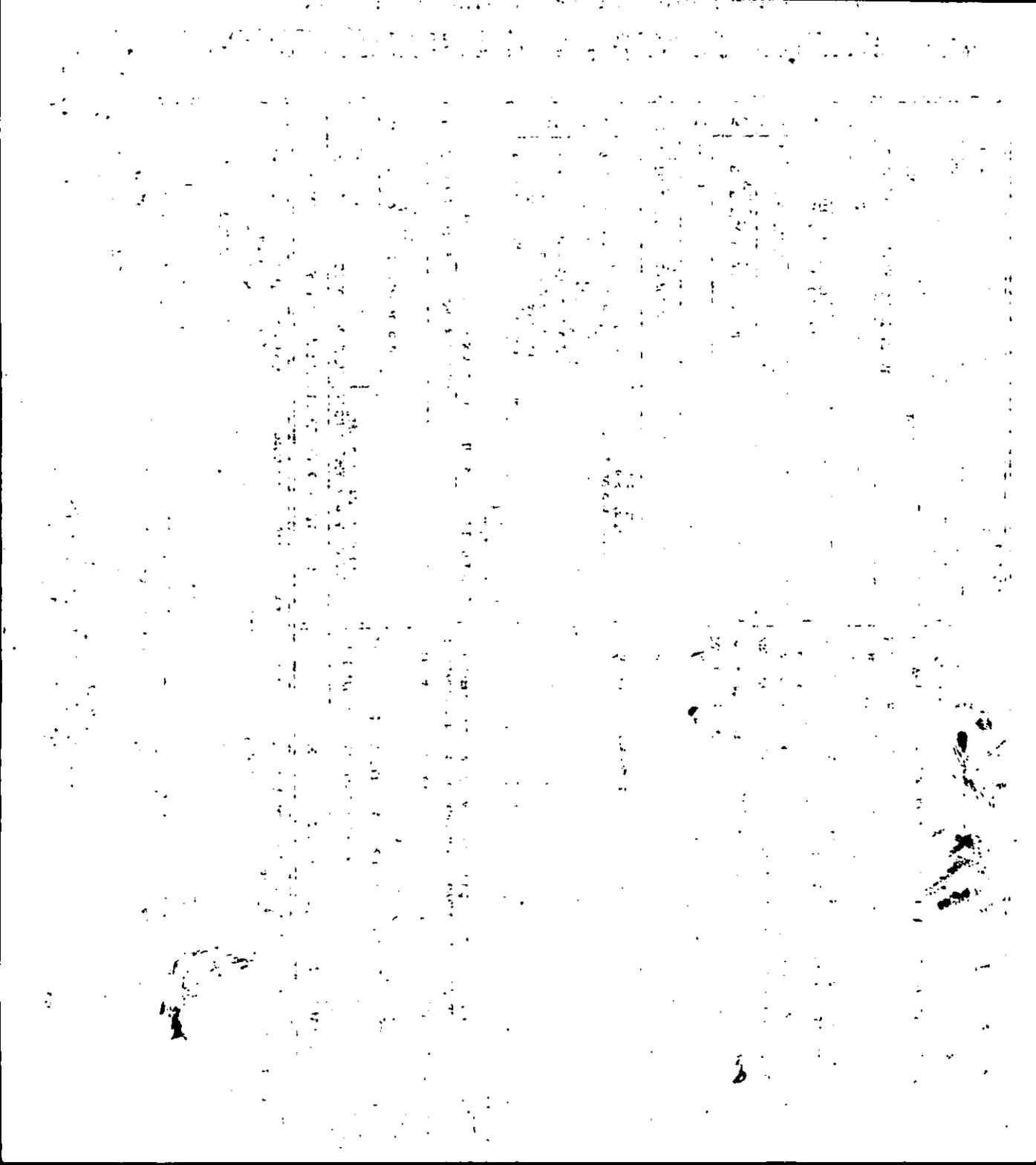
Other contributory causes of importance:
General arterio-sclerosis with hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? abi 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) Ally Lavin _____ M. D.
 (Address) Jarvis Sanatorium



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**

ALL INFORMATION OBTAINED
HEREIN FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY FORM

1. PLACE OF DEATH

County St. Louis
Township
City Ferguson (No.)

Registration District No. 333
Primary Registration District No. 4468

File No.
Registered No. 182
St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 73

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

MOTHER / FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12/13 1935 W. A. Zettler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 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 m.

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

Terminal Pneumonia Date of onset
Primary Broncho

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Selig Simon, M. D.
(Address)

SUPPLEMENTARY

Dr. G. Smith

S-33801

DEC 10 1935

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