

NOV 9 1935

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

Do not use this space.

1. PLACE OF DEATH St. Louis Mo

County

Registration District No. 791

Township

Primary Registration District No. 1003City St. Louis, (No. Barnes Hospital)File No. 34476Registered No. 8917

St. Ward)

2. FULL NAME Tarleton Craig Dumesnil(a) Residence, No. 2434 Longest Ave St. N.R. Ward. Louisville Ky

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12 - 1918</u>		
7. AGE	YEARS	MONTHS
	<u>17</u>	<u>8</u>
		DAYS
		<u>12</u>
		IF LESS than 1 day, hrs. or min.

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. Student
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) Louisville Ky.13. NAME Joseph B. Dumesnil14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.15. MAIDEN NAME Mary Craig Hobbs16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anchorage Ky.17. INFORMANT Mrs. J. B. Dumesnil
(ADDRESS) 2434 Longest Ave18. BURIAL, CREMATION, OR REMOVAL PLACES Louisville Ky. DATE 10-24-3519. UNDERTAKER F. R. Bradley + Sons
(ADDRESS) #4449 Olive St20. FILED NOV 24 1935 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-1935

22. I HEREBY CERTIFY, That I attended deceased from

9-12, 1935 to 10-24, 1935I last saw him alive on 10-24, 1935 Death is saidto have occurred on the date stated above, at 8:40 A. M.

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

Long abscess right non B
non-traumatic cause
unknown

Date of onset 3 yrs ago

Other contributory causes of importance:

Brain abscess right non B at 1935
non-traumatic cause
unknown

Name of operation Cantury pneumostomy Date of 9-16-35

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Date of injury

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) F. R. Bradley, M. D.(Address) Barnes Hospital

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.

