

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

DEC 12 1935

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1008**

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1. PLACE OF DEATH

County St. Louis
Township
City St. Louis (No. St. Louis City Hospital)

Registration District No.
Primary Registration District No.

File No.
Registered No. **9436**
St. _____ Ward _____

2. FULL NAME Frank Premo

(a) Residence, No. _____
(Usual place of abode)

St. N.R. Ward Pattonville Mo.

(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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1894</u>		
7. AGE	YEARS	MONTHS
<u>41</u>	<u>8</u>	<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lab.</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9 1938

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 8:30 p. m.

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

Brain Haemorrhage (Non Traumatic) Pulmonary Edema. Date of onset

Other contributory causes of importance: 82

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 J. Schulz M.D.
(Address) St. Louis

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>
	13. NAME <u>Leo Premo</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles</u>
	15. MAIDEN NAME <u>Aurèle de Claire</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>
	17. INFORMANT (ADDRESS) <u>A. H. Rebling</u> <u>5914 Natanna Ave</u>
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>St. Charles Mo.</u> DATE <u>Nov 10th</u> 19 <u>38</u>
	19. UNDERTAKER (ADDRESS) <u>H. C. Dalleney & Sons Co.</u> <u>St. Charles Mo.</u>
20. FILED <u>NOV 10 1935</u>	<u>J. Bredek</u> Registrar.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

THIS IS A PERMANENT RECORD

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