

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

Do not use this space. *OV*

APR 25 1936

13585

1. PLACE OF DEATH

County *St. Louis* Registration District No. *1179*
 Township *Central* Primary Registration District No. *62484*
 City *Richmond St. West St. Marys Hospital* File No. _____
 Registered No. *79* Ward _____

2. FULL NAME

(a) Residence, No. *4415 Marquette St.* 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 *J.* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Minor*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1936 - 1 - 16*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
2

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) *City*
 (STATE OR COUNTRY)

FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) *not known*
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT *Elena C. Hamelby, Guardian*
 (ADDRESS) *4415 Marquette*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Bethany Cemetery* DATE *March 17 1936*

19. UNDERTAKER *Drehmann-Harrel*
 (ADDRESS) *1905 24th St. St. Louis*

20. FILED *3/17 1936* *Artrude Poyle*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-16 - 1936*
 22. I HEREBY CERTIFY, That I attended deceased from *3/5/36*, 19... to *3/16/36*, 19...
 I last saw h. *alive* on *3/16/36*, 19... Death is said to have occurred on the date stated above, at *8:00 p.m.*
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Premature Birth

Other contributory causes of importance:
Malnutrition (Arthropia)

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) *J. J. DeWeaver*, M. D.
 (Address) *St. Marys Hosp.*

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.

